

Indiana First Steps

Quality Review Procedure Manual

INTRODUCTION

Indiana is committed to the provision of high quality and efficacious services and supports to all children and families in the First Steps System. The Indiana First Steps Quality Review and Improvement Guide has been developed to inform each component of the First Steps System about the regulations, policies and procedures which govern the Indiana First Steps System. The guide provides an overview of IDEA, Part C, along with the federal, state and local program and reporting requirements related to it.

The Guide frequently refers to public posting of the Indiana State Performance Plan (SPP), Annual Progress Reports (APR), and the US Department of Education, Office of Special Education (OSEP) determination letters. These and other data related to quality review can be found under Policy and Oversight Information on the Indiana First Steps web page at www.firststeps.in.gov/ and on Indiana's Unified Training System webpage at <http://www.utsprokids.org/firststepsinfo.asp>.

CHAPTER 1 -- Overview IDEA, Part C

The Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act {IDEA}) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers (birth through age 2) with developmental delays and disabilities and for their families. Congress established this program in 1986 in recognition of "an urgent and substantial need" to:

- enhance the development of infants and toddlers with disabilities;
- reduce educational costs by minimizing the need for special education through early intervention;
- minimize the likelihood of institutionalization, and maximize independent living; and,
- enhance the capacity of families to meet their child's needs.

In order for a state to participate in the program it must assure that early intervention will be available to every eligible child and his/her family. Also, the governor must designate a lead agency to receive the grant and administer the program, and appoint an Interagency Coordinating Council (ICC), including parents of young children with disabilities, to advise and assist the lead agency.

A. Minimum Components Under IDEA for a Statewide, Comprehensive System of Early Intervention Services to Infants and Toddlers With Special Needs

1. A rigorous definition of the term 'developmental delay'
2. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family
4. Individualized family service plan and service coordination
5. Comprehensive child find and referral system
6. Public awareness program including the preparation and dissemination of information to be given to parents, and disseminating such information to parents
7. Central directory of services, resources, and research and demonstration

- projects
8. Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources
 9. Policies and procedures to ensure that personnel are appropriately and adequately prepared and trained
 10. Single line of authority in a lead agency designated or established by the governor for carrying out:
 1. General administration and supervision
 2. Identification and coordination of all available resources
 3. Assignment of financial responsibility to the appropriate agencies
 4. Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
 5. Resolution of intra- and interagency disputes
 6. Development of formal interagency agreements
 11. Policy pertaining to contracting or otherwise arranging for services
 12. Procedure for securing timely reimbursement of funds
 13. Procedural safeguards
 14. System for compiling data on the early intervention system
 15. State interagency coordinating council
 16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment

Note: Adapted from 20 U.S.C. §1435(a).

B. Indiana First Steps System

The Indiana First Steps System is Indiana's response to Part C of the Individuals with Disabilities Education Act (IDEA). The goals of this system are to enhance development of infant and toddlers with disabilities, reduce the need for special education, enhance families' capacities to meet their child's special needs and increase identification of children with developmental delays.

Indiana's First Steps System is a family-centered, locally-based and coordinated system that provides early intervention services to infants and young children with developmental delays and physical or mental conditions with a high probability of resulting in developmental delays.

First Steps brings families together with professionals from education, health, and social service agencies. By coordinating locally available services, First Steps works to give Indiana's children and their families a wide array of early intervention resources. The Division of Disability and Rehabilitative Services (DDRS), Bureau of Child Development Services (BCDS) of the Family and Social Services Administration (FSSA) is the lead agency.

C. Indiana's First Steps Vision

Indiana's goal is to serve infants and toddlers with special developmental needs by providing a family-centered, comprehensive, coordinated neighborhood-based system of services for them and their families. To this end we:

- Involve families in the development, implementation and evaluation of the service system.
- Make services accessible and widely dispersed throughout the community.
- Offer choices to families that are typical of the choices available to all families of young children in their everyday routines, settings and activities.
- Offer culturally sensitive services tailored to the individual needs of the child as well as to family priorities.
- Offer services that exemplify best practices in early intervention.
- Respect families by acknowledging that they are the primary constant in the child's life, by helping them to make choices and by supporting them as they implement those choices, even when we disagree with them.
- Focus on prevention of, as well as intervention for, disabilities among infants and toddlers, while keeping in mind that the ultimate goal is maximizing the potential of children so they can function as contributing members of society as adults.
- Creatively use existing resources and seek additional resources to maximize service options for families and to fairly compensate staff providing services.

D. Components of Indiana's First Steps System

1) Local Planning and Coordinating Councils (LPCC)

The LPCC's primary responsibility is to advise and assist with the implementation of the First Steps System in their local cluster of counties. They provide the voice for early intervention services at the local level by identifying concerns, issues, and strengths unique to each cluster and then developing a service delivery system that meets the locally identified needs.

Each LPCC has a coordinator and members composed of local providers, parents and community leaders. Through the LPCC, community resources and service providers are identified to coordinate all available early intervention resources for children. Each council is responsible for developing and documenting a formal system of communication and coordination among

participating agencies operating in its cluster of counties. LPCCs have a number of responsibilities:

1. Public awareness
2. Child find activities
3. Identification of resources within the community
4. Family and provider training
5. Recruitment of providers for early intervention services
6. Development of effective communication and memorandums of understanding (MOU's) with other agencies serving families in their community.

Each LPCC has the opportunity to advance the First Steps System forward in its local cluster of counties. The cluster LPCC will identify different committees to work on specific assignments. The LPCC has at least one coordinator, who oversees the council its meetings. Members, at a minimum, shall include the following, two parents of children with disabilities; one health or medical representative; one educational representative; one social services representative; one early intervention service provider; one Head Start representative; and one child care representative. Providers and families are encouraged to participate on their cluster LPCC. LPCCs must meet on a regular basis.

2) System Point of Entry (SPOE)

The SPOE is responsible for ensuring that all referrals of children, under the age of three, receive a timely response. An intake is conducted with families in a prompt, professional and family-centered manner to determine eligibility. The SPOE also serves as the electronic link between First Steps and the Central Reimbursement Office (CRO).

There are nine cluster SPOEs across the state. Some SPOEs have satellite offices based upon their size and the unique needs of the cluster. The SPOE maintains an electronic database of all referrals, including information obtained and decisions made regarding eligibility, service planning, and service delivery through the development of an IFSP. The SPOE is the designated point-of-contact within the cluster where:

- Referrals are received for children who may be eligible for Early Intervention Services.
- Intake/On-going Service Coordinators are employed by the SPOE fiscal agent.
- The early intervention (EI) records are maintained.
- Families may apply/or be referred for Children's Special Health Care Services, Hoosier Healthwise, or other programs that support young children's healthcare and overall development.
- The electronic link to the Central Reimbursement Office (CRO) is made.

When early intervention legislation was passed, the intent was to access existing resources to fund services. First Steps is always the payer of last resort. There are several different sources of funding in Indiana to support services for eligible children and families. These include Hoosier Healthwise (Medicaid), Children's Special Health Care Services (CSHCS), and Temporary Assistance for Needy Families (TANF). In 2002, the Indiana General Assembly passed legislation implementing Cost Participation (CP) for all eligible families receiving direct therapy services. Cost Participation is calculated using gross income and family size. Service Coordinator Module II has more specific information on how to complete the CP forms. As providers, we are stewards of this system and must commit to effective and efficient stewardship of public dollars.

3) The Central Reimbursement Office (CRO)

The Central Reimbursement Office (CRO) is designed to manage the finances for the First Steps system statewide ensuring:

- Consolidation of all relevant state and federal resources to support early intervention services and activities.
- Maintaining the enrollment and credentialing status of all providers in the First Steps System.
- Timely reimbursement to early intervention providers.
- Meeting the financial and data reporting needs of various federal, state, and local funding sources.
- No duplication of effort to collect, maintain and report relevant data.
- A comprehensive data and financial system that can monitor and manage the level of early intervention resources as not to exceed availability; and
- Short and long-term projection of the costs of early intervention services is established.

The CRO contributes significantly to the data collection for the First Steps System. It maintains the electronic early intervention (EI) records creating a statewide database. The CRO provides data to the Lead Agency, Cluster SPOEs, and other entities to help plan and execute effective early intervention services.

The CRO is also responsible for enrolling and monitoring provider credentials, maintaining the online provider matrix and Central Directory. All providers, including intake and on-going service coordinators, must enroll in First Steps. The enrollment process for all providers requires the completion of the First Steps enrollment packet that includes documentation of a criminal history check, professional liability insurance, and if applicable, appropriate state professional license. Intake/on-going service coordinators are required to complete and successfully pass Module 1 Service Coordination Orientation. Direct service providers are required to complete and successfully pass Orientation to First Steps before their enrollment packet can be submitted to the CRO. After enrolling in First Steps, all providers are required to obtain an Early Intervention Credential. The six EI competencies include knowledge and/or skills considered

critical across all the early intervention disciplines. All providers must demonstrate training and/or experience in each of the competencies in order to receive their initial early intervention credential.

4) Personnel Standards

Indiana's personnel standards reflect a balance between high standards and the flexibility of individual providers to participate in professional development activities. The standards include entry-level child development competency, education, and training. Indiana requires all personnel to maintain credentialing, attend mandatory trainings by the Lead Agency, and commit to increasing their skills through further education and training. The EI Personnel Guide can be found on the First Steps website. Click on the CRO icon. The EI Personnel Guide will be listed and under the documents required for enrollment.

Initial credentialing must be completed within two years of the enrollment date. This is accomplished by demonstrating at least one credential point or ten hours of training in the six basic competencies categories found in the EI personnel guide. All providers are encouraged to start documenting training and experience on the credentialing grid located in the EI personnel guide. This will assist providers in identifying what categories have been met by the one credentialing point requirement and which categories need further training hours or other activities. All providers are also required to attend and complete state mandatory trainings throughout the calendar year. Providers can also attend seminars/conferences sponsored by UTS/ProKids and other state approved early intervention entities. Providers who do not complete the initial credentialing within two years of enrollment are subject to disenrollment from First Steps.

Annual re-credentialing is required after the initial credentialing is completed. The annual re-credentialing must be completed by the provider's initial credentialing date. This is completed by submitting a criminal history check, professional liability insurance, and if applicable, state professional license. Providers must also document attendance at state mandatory trainings and at least three credentialing points. All enrolled providers must document some activities or trainings related to professional development in each competency area. Providers who do not re-credential annually are subject to disenrollment from First Steps.

CHAPTER 2 -- Federal Monitoring and Reporting Guidelines

The reauthorized *Individuals with Disabilities Education Act (IDEA)*, signed into law on Dec. 3, 2004, required Indiana First Steps to develop a performance plan evaluating the state's implementation of Part C and describing how the Bureau of Child Development Services (BCDS), under the direction of the Division of Disability and Rehabilitative Services, will improve such implementation. This plan is called the Indiana State Performance Plan (SPP) and as required is posted on the First Steps web site.

The BCDS must also report annually to the secretary of education on its performance according to its SPP targets. This report is called Indiana's Annual Performance Report (APR). The Office of Special Education Programs' responses to Indiana's SPP and APR is also posted on the First Steps web site.

A. Section 618 Data Reports

Section 618 of IDEA requires states to annually collect and report data related to children served, settings of services, personnel, exiting, and other areas specific to Part C. Annual data is reported for the following:

- Child Counts - counts of infants and toddlers receiving early intervention services according to an individualized family services plan (IFSP) on December 1; by each age range (birth to 12 months, 1 to 2 years, 2 to 3 and total count) and by race/ethnicity.
- Program Settings - counts of the number of infants and toddlers receiving early intervention services by the primary setting of the services on December 1; by program setting category, by age and by race/ethnicity
- Exiting - counts of the number of infants and toddlers who exited Part C early intervention programs during a State-specified one-year time period; by reason for exit, by race/ethnicity
- Dispute Resolution - reports on timely processing of complaints and disputes

B. State Performance Plan and State Goals with Measurable Targets

As noted above, IDEA 2004 required that each state complete and submit a State Performance Plan (SPP) that includes rigorous and measurable targets to ensure improved performance on each indicator.

State Monitoring Indicators – In addition to the SPP indicators, Indiana has identified an additional six state monitoring indicators which are included in the Cluster Performance Plans. Clusters may also add local indicators suggested by the Cluster Quality Review Team and accepted by the LPCC.

Measurable and Rigorous Targets - Measurable and rigorous targets have been established with broad stakeholder input. These targets specify a challenging level of improved performance to be reached for each SPP indicator annually. Overall, targets serve as improvement goals for the state as well as for each district/program. For some indicators, called compliance indicators, the measurable and rigorous target must be 100%.

The SPP indicators and other state monitoring indicators and their targets are the foundation from which all other components of the state's general supervision system flow. A copy of Indiana's SPP is included in Appendix A.

Reporting Data to the Public - Data reports are routinely generated and analyzed at both the state and cluster levels. Data reports are designed to meet the needs of the LPCCs and SPOEs. Analysis of data trends at the state and cluster level is performed annually. Data are compared to the rigorous targets in the SPP and other state selected monitoring indicators and targets. Data is analyzed to track performance and continuous improvement as well as to ensure that children are making progress (e.g., child outcomes). Indiana also uses data to make determinations of the status of each local Cluster. Indiana annually reports both state performance and Cluster performance data to the public through Cluster report cards and trend tables via the state First Steps web site.

C. State Determination Letters

IDEA requires the Secretary of Education to make an annual determination as to whether each state is meeting the requirements of the statute. The determinations, required under the statute, are part of the on-going efforts to improve results for children and youth with disabilities. The Office of Special Education Programs then issues determination letters.

The IDEA details four categories for the Secretary's determination:

- Meets the requirements and purposes of the IDEA
- Needs assistance in implementing the requirements of the IDEA
- Needs intervention in implementing the requirements of the IDEA
- Needs substantial intervention in implementing the requirements of the IDEA

Data and criteria used to make determinations:

To make the determination for each Part C program, the Department considered the state's APR, information obtained through monitoring visits, and any other public information. The following factors were considered for each state's determination under each program:

- For each compliance indicator in the APR, whether the state:
 - Demonstrated compliance or that it corrected noncompliance in a timely manner, or
 - If it did not demonstrate compliance, nonetheless had made progress in ensuring compliance over prior performance in that area.
- For all indicators in the SPP and APR, whether the state provided valid and reliable data that reflected the measurement for the indicator.
- Whether the state had other IDEA compliance issues that had been identified in the Department's monitoring, audit or other activities, and the state's progress in resolving those problems.

The IDEA identifies specific technical assistance or enforcement actions aligned with each of the determinations, with the exception of "Meets Requirements" that the Department must take under specific circumstances. These actions are consistent with the level of concern signaled by the determination. The State Determination letter and response table are publicly posted at www.utsprokids.org/firststepsinfo.asp

D. Determination of Early Intervention Programs Performance

Since 2007, states have been required to make determinations annually on the status of the performance of its early intervention (EI) programs in accordance with the same four categories that OSEP uses with states (e.g., "Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention"). Data on the performance of each Cluster on the SPP indicators, as well as from other sources (e.g. fiscal audits, previous monitoring data), are used by Indiana to make determinations of the status of each local Cluster. In making determinations, Indiana considers the following:

- Performance on compliance indicators;
- Whether data submitted by the Cluster is valid, reliable and timely;
- Uncorrected noncompliance from other sources; and
- Any audit findings.

In addition, Indiana also considers performance on SPP indicators and other information such as performance on state defined indicators/goals.

While there is nothing in the Federal statute or regulations that address a timeline for when states must make determinations regarding the performance of the EI programs in their states, Indiana has chosen to make its local determinations no later than 6 months from the end of the federal fiscal year (June 30). The annual report to the public on the performance of each local cluster is posted after the state has received its determination letter from OSEP. This schedule ensures that local Clusters have time to improve performance prior to the next APR report of the state. In addition, there may be implications for Indiana's award of funds to the Clusters. Therefore it is important that Indiana makes its determinations before requests for proposals are issued or contracts are signed or renewed. Indiana is not required to report the local determinations to OSEP or to the public.

CHAPTER 3 -- State Monitoring of Local Programs

A. Overview

Purpose: The purpose of the Quality Review Focused Monitoring (QR-FM) system is to monitor Cluster System Points of Entry (SPOE) and their Local Planning and Coordination Councils (LPCCs) for compliance with applicable state and federal laws; to provide data for completion of the Office of Special Education Programs (OSEP) State Performance Plan and the Annual Progress Report (APR); to provide input and technical assistance for quality improvement and best practice; and, to identify exemplary practice examples for use by other clusters.

Policy: The LPCC and SPOE Clusters are scheduled for a QR-FM verification visit annually. If requested by the Bureau of Child Development Services (BCDS). The QR-FM Teams will schedule quarterly technical assistance visits. Additional on-site cluster visits will be scheduled based on cluster profiles and complaints/concerns received by the BCDS. A copy of the QR-FM Flowchart is included in Appendix B.

Quality Review Focused Monitoring Teams: Each cluster LPCC/SPOE is assigned a QR-FM Team Leader. The QR-FM Team Leader provides technical assistance and support to the cluster to help insure compliance with all federal and State laws, the State Performance Plan (SPP), and Annual Progress Report (APR). The QR-FM Team Leader should become familiar with the cluster SPOE/LPCC staff and its operations. In addition to the annual on-site review, the QR-FM Team Leader should schedule periodic on-site visits, as needed, based on desk and record audits or as directed by the BCDS. Team Leaders are chosen by the Bureau of Child Development Services through an open bidding process. These individuals must be currently involved in First Steps, have a minimum of 3 years professional experience within the First Steps program, and have experience with a quality assurance program. Team Leaders are responsible for choosing team members to participate in on-site reviews. Team members should have knowledge of the current First Steps system through experience as an Intake/Service Coordinator, provider, LPCC member, or family member of a child receiving services. QR-FM Teams must be trained to use approved audit forms and to adhere to the following procedures to insure consistency between and among QR-FM Teams.

Cluster Quality Review Activities:

Each cluster LPCC and SPOE is responsible for internal quality review including Early Intervention (EI) record audits as part of intake/service coordinator supervision, grant performance items tied to financial holdbacks, family and

provider surveys, and reviews of cluster profile and EI record information. Specific indicators for review included the following:

- i. Number of children served \leq one year of age
- ii. Service in the natural environment
- iii. LPCC participation of all required members
- iv. Eligible children have IFSP written within 45 days of referral
- v. Transition plans included in IFSP
- vi. All services started within 30 days of the IFSP date
- vii. Annual IFSPs written before expiration of the IFSP
- viii. Transition meetings held 90-270 days before the child's third birthday
- ix. 6 month IFSP reviews completed

A QR-FM Team Leader is assigned to each Cluster LPCC and SPOE to provide technical assistance and support. This QR-FM Team Leader coordinates the annual verification visits, assists in the development of the Cluster Performance Plan (CPP), and monitors its progress through review of quarterly progress reports. In addition, the QR-FM Team leader will conduct random audits of billing/claims and credential files for 10% of enrolled First Steps providers.

B. Quality Review Procedures

1) Record Audits by SPOE/SC Supervisors

All SPOE and Service Coordinator (SC) Supervisors will be trained to audit EI records using the same tools utilized by the QR-FM team for annual on-site review visits. Copies of the Record Audit forms and directions are included in Appendix C. SC Supervisors are required to audit the EI records of all Intake and Service Coordinators under their supervision. The minimum requirement for record audits being 2 per SC per area (six-month, annual and transition audits) annually, however best practice would be that more are reviewed. The Record Audit forms (also called bubble sheets) must be used for all EI record audits. The form must include the child ID#, IC or SC name, date of review, and reviewer name. EI record audits should also be used for internal quality review and staff performance evaluations. During quarterly visits the QR-FM team will validate EI record audits conducted by SPOE/SC Supervisors. Data from these routine record audits may be used for completion of Cluster Performance Plan Progress Reports, Holdback reports, and other required reporting. The SPOE/SC Supervisor should keep a copy of the audit forms for data verification by State.

2) Desk Audit Reviews

The QR-FM Team Leader should conduct quarterly reviews of SPOE data in order to complete the cluster progress report card. This may include 45 day reports, transition meeting date reports, cluster profiles which include child counts, services in the natural environment and services utilized. The cluster report card will include the following:

LPCC outcomes:

1. 1.4% children served are \leq 1 year of age
2. 94% of services are provided in the natural environment

3. The LPCC has all required members participating in their council meetings
4. Deficiencies are corrected within one year

SPOE outcomes:

1. Referral to IFSP will be < 45 days
2. IFSP transition activities page is completed
3. 100% of eligible SPOE staff are credentialed
4. Table showing actual number and % of 0-3 population served in 6 month intervals

SC outcomes:

1. Services listed in the IFSP are initiated within 30 days of signed IFSP date
2. Transition meeting occurs and is documented – 270 to 90 days before 3rd birthday.
3. Six month review is conducted by the six month (signed IFSP date)
4. Annual IFSPs are completed before expiration of current IFSP

3) Annual Verification Visit Preparation

The QR-FM Team will meet to determine a master schedule of verification visits. The assigned QR-FM Team Leader will notify the respective SPOE Supervisor of the verification visit date. Then the QR-FM Team Leader gathers and reviews previous monitoring reports, Cluster Performance Plan and quarterly progress reports, and any complaints received from the Bureau of Child Development Services. This information is shared with participating QR-FM Team members at the time of the verification visit. The QR-FM Team Leader must provide adequate notice to data support staff for the record pull lists to be generated. Verification visits should be confirmed with data support staff at least two weeks in advance. The sample must be of sufficient number to be significant and must be representative of the state/cluster First Steps population. A 99% confidence level +/- 10 points used to determine sample size. Clusters should receive their record pull list no more than 2 working days prior to their on-site visit. All QR-FM team members must receive training on how to use the audit forms prior to participating in an on-site review.

4) Annual Verification Visit Activities

The QR-FM Team Leader reviews LPCC documentation including, but not limited to the following: LPCC meeting minutes, committee meeting minutes, LPCC membership roster, MOAs, LPCC procedures, parent and provider satisfaction surveys, newsletters, public awareness materials, and any other information the cluster would like to share with the review team. A cluster representative (usually SPOE Supervisor) provides the team with a list of current Intake and Service Coordinators and orients the team about organization of EI files. The cluster should have files from the record pull list pulled and organized by category (Initial, 6-Month, Annual, and Transition) when the QR-FM Team arrives for the

on-site review. QR-FM team members review EI records using the appropriate Record Audit form (Initial, 6 Month, Annual or Transition). All areas of the Record Audit forms must be completed for data entry. If a QR-FM team member cannot locate a required item in the EI record cluster staff members are given a chance to locate the item within the review period. Credit is given for that item if it is located before the end of the on-site review visit. The QR-FM Team Leader copies the completed Record Audit forms for the cluster and all originals are given to the QR Coordinator for data entry. Throughout the file review process team members compile a list of trends/concerns as well as areas of strength. These findings are shared with the SPOE/SC supervisors at a debriefing meeting before the team leaves the SPOE site.

5) Annual Verification Visit Follow up

The Quality Review Coordinator compiles a data summary report for each set of the Record Audits forms. The results are sent to the QR-FM Team Leader and cluster via e-mail. The QR-FM Team Leader will develop a QR-FM Report utilizing information from the review of LPCC documents and EI record audit results. A sample QR-FM Report is included in Appendix D. The report is submitted to the Bureau Consultant for review before it is sent to the cluster SPOE Supervisor. A copy is also sent to the Quality Review Coordinator.

The QR-FM Team Leader will maintain a complete Quality Review Focused Monitoring file for each cluster. The file will include reports for all quarterly site visits and annual verification visits, Cluster Progress Report (CPP) and corresponding progress reports, and all correspondence related to quality review activities for the cluster. After all clusters have had an annual verification visit, the Quality Review Coordinator will develop a report comparing cluster results to state averages and distribute to all clusters, Bureau, and QR-FM Team Leaders. A copy of the State Report Card is included in Appendix E. Based on results of annual verification visit, the Bureau Consultant will issue a local determination letter and table of findings to each cluster specifying required areas of improvement. A copy of the Local Determination Letter and Table of Findings is included in Appendix F. The cluster, with technical assistance from their QR-FM team leader, is to complete a Cluster Performance Plan (CPP) within thirty (30) days of the receipt of their report. The CPP is sent to the Bureau Consultant for approval. Once approved, a copy is placed in the final report file and an electronic copy is sent to the Quality Review Coordinator. A sample CPP is included in Appendix G.

CPP Progress reports are due to be submitted to the QR-FM Team Leader every quarter or when compliance in an improvement area is reached. A sample CPP Progress Report is included in Appendix H. The QR-FM Team Leader forwards all progress reports to the Bureau Consultant. The Bureau Consultant issues a Compliance Letter to clusters identifying areas that are considered in compliance and areas of improvement that must continue to be monitored. The QR-FM Team Leader is to work with the cluster to insure that areas of improvement and

compliance are addressed and corrected. The Cluster must show evidence of correction of all areas of improvement or compliance within one year. Once an area is reported to be within compliance the QR-FM Team Leader will make a verification visit to the cluster and report back to the Bureau Consultant. The Bureau Consultant will issue a final letter of verification of compliance. Sample letters of compliance and verification are included in Appendix I.

CHAPTER 4 – Provider Accountability

A. Billing/Claim Reviews

All enrolled First Steps Early Intervention providers are required by their Provider Agreement to collect and maintain records documenting all services billed. One component of the First Steps Quality Review process includes a review of a sample of the face to face summary sheets with the actual billing records from the Central Reimbursement Office (CRO). The CRO Service Provider/Payee Agreement specifies that providers are required to "maintain accurate clinical records for a period of at least five years from discharge of services and to make available to State personnel and their agents all records and information necessary to assure the appropriateness of payments made."

Annually 10% of active providers are randomly pulled for a two week billing review. Providers are asked to provide copies of billing documentation (face-to-face sheet, IFSP minutes and/or ED Team summary) to support the claims submitted for the designated period. The review requires documentation of the following components:

1. Name of child
2. Address service location
3. Date
4. Time in and Time out
5. Total minutes of visit
6. Parent signature
7. Time between appointments is reasonable
8. Visit times do not overlap

The QR contractor reviews the provider billing findings with the BCDS consultant. The QR contractor sends letters to providers who have no billing issues or payback. Those providers with billing issues that result in a payback of funds received are referred to the Bureau for follow up. The Bureau Consultant then sends notification to the provider regarding the payback amount and reason(s). They are instructed that funds will be recouped from future payments. Sample letters and documents used for the billing review process are included in Appendix J.

B. Credential Reviews

All First Steps enrolled providers are required to credential with two (2) years of enrollment and annually, thereafter. The credential point requirements are

published in the Personnel Standards Manual. Providers submit a credential update and attestation page to the Central Reimbursement Office (CRO). The provider is required to maintain a credential file with a dated enrollment or credential letter, current license or diploma, current criminal history check, liability insurance, mandatory meeting attendance certificates, continuing education attendance certificates, letter of employment or caseload verification.

Providers are randomly chosen from the statewide matrix for credential audits. In addition, providers who are identified as delinquent by the BCDS and/or CRO Provider Enrollment will also be audited. A total of 10% of active providers will be audited annually. A letter informing of them of their selection for audit and an audit checklist are sent to the provider. Providers have seven (7) days from the date of the audit letter to submit copies of their credential file. If nothing is submitted, after fourteen (14) days, a registered letter noting that the provider did not respond or additional information is required is sent. Within (60) days, provider credential audits are scored as Pass or referred to Bureau of Child Development Services for follow-up. Providers failing to submit documentation and those whose documentation is lacking are referred to the Bureau Consultant for disenrollment consideration. Sample letters and documents used for the credential review process are included in Appendix K.

CHAPTER 5 -- Complaints and Due Process

A. Complaint Resolution

The Division of Disability and Rehabilitative Services (DDRS) is responsible for ensuring effective implementation of the rights to complaint resolution by each early intervention service provider in the state that is involved in the provision of early intervention services. These procedures protect the rights of eligible infants and toddlers, their families, and service providers participating in the First Steps Early Intervention System.

There are two types of complaints within the Indiana First Steps Early Intervention System. One approach is a child-specific complaint and would be filed by the parent. The other approach is a systemic complaint and would be filed to address general system provider or service issues that are not child-specific. A family member, early intervention service provider, or LPCC may file systemic complaints. A parent or provider may file a system complaint if they believe that the local early intervention system or the service providers are not performing their work as the law requires for an individual child.

A complaint must be filed in writing and must contain a statement identifying the point(s) of concern. The complaint should be addressed to:

Part C Coordinator
The Family and Social Services Administration
DDRS/Bureau of Child Development Services
402 West Washington Street
Indianapolis, IN 46204

The Lead Agency has 60 days to investigate and come to closure on the matter.

The difference between individual child issues and system complaints can be subtle. The experiences of an individual child and family may point to problems in the system. It is ultimately the decision of the family as to whether or not they choose to file a system complaint or individual complaint regarding their individual child. The parent may file simultaneously for both a due process hearing and complaint, if they believe that both the regulations have been violated and that issues involving identification, evaluation and placement are in dispute. A provider may only file a system complaint.

First Steps has developed a procedural safeguards handbook for families that provides an overview of all due process procedures including the complain process and contains sample formats for parents to use.

All letters of complaint are date-stamped upon receipt by the DDRS and given to a First Steps consultant within the Bureau of Child Development Services (BCDS). This person will serve as the complaint investigator. All pertinent data will be sought to ensure the conditions and circumstances surrounding the complaint are well understood and documented whenever possible. The investigation may involve record review, discussion with all parties involved, and/or a site visit to the individual provider involved in the complaint.

The complaint investigator will present the findings in a written report to the First Steps Coordinator and the complaint coordinator for review. This written report should include:

- a cover letter;
- introductory information including: file number, name of complainant; name of complaint investigator; and a statement of the issue(s) including the name of the opposing parties, and any additional issue(s) which may have come to light during the course of the investigation;
- interviews;
- listing of documentation received during the investigation;
- other: used to indicate date(s) if an on-site visitation was made;
- finding of fact;
- conclusion(s) of law;
- discussion (if applicable);
- order(s).

After review, the written report will be mailed to all involved parties discussing the findings and any corrective action necessary.

Any corrective action contained in the written report must be implemented by the participating service provider. Flagrant and continued violations of federal and state laws and regulations could result in fiscal sanctions against any agency or individuals involved, and could result in disenrollment as an approved First Steps provider through the Central Reimbursement Office.

B. Due Process

The Division of Disability and Rehabilitative Services (DDRS) is responsible for ensuring effective implementation of the rights to due process procedures for all families involved in the First Steps Early Intervention System. The due process rights of eligible infants and toddlers and their families include the right to an impartial hearing, administrative appeal, civil action, and mediation in order to resolve issues concerning identification, evaluation or placement. Pending the resolution of a hearing, the child must continue to receive appropriate early intervention services as identified in the current Individualized Family Service

Plan. If this is an initial IFSP, those services that are agreed to by the team and consented to by the family should be provided pending the outcome of the hearing.

An impartial hearing is a formal procedure conducted by an impartial hearing officer. A hearing is requested when there is a disagreement between the family and an individual or entity within the First Steps system regarding the status of an individual child. Disputes that involve concerns about an individual child or the "early intervention system" may be resolved through a complaint investigation (see Chapter 13: Procedural Safeguards in Indiana First Steps Procedure Manual).

Families and/or providers need to review their options for conflict resolution and select the approach that most closely fits with the issue, and which will bring the family the appropriate resolution to their issues. As discussed in Chapter 14, a family may file a complaint on any issue and may pursue resolution of the disagreement through this approach. Disputes may be resolved by the family, the SPOE and/or local First Steps providers through mediation prior to initiating a request for due process proceedings. A due process hearing focuses on those issues outlined in these rules, namely:

1. prior to the proposal, or refusal, to initiate or change the:
 - (A) identification,
 - (B) evaluation, or
 - (C) placement of a child, or
2. the provision of early intervention services to a child or the child's family.

Other issues should be pursued through the mediation or complaint process.

Through the interagency agreement with the Indiana Department of Education, the Division of Special Education appoints impartial hearing officers for all due process hearings requested on behalf of First Steps. The appointment of a hearing officer occurs whenever a written and signed request is filed with a local agency or the Family and Social Services Administration. Within thirty (30) calendar days upon receipt of the complaint, the hearing must be completed and a written decision issued to both parties.

A request for an impartial hearing must be accompanied by a written statement. The statement must be signed by the parent(s) filing the request and contain information identifying the point(s) of disagreement related to the identification, evaluation, placement or provision of early intervention services to their child with disabilities.

LIST OF APPENDICES

Appendix A – Copy of Indiana’s SPP

Available at:

<http://www.utsprokids.org/State%20Stuff%20Files/2011/in-spprev-2011c.pdf>

Appendix B - A copy of the QR-FM Flowchart

Currently unavailable but attached is the **APR Activity Calendar**, as it would reflect similar information (see APR calendar – attached)

Appendix C - Copies of the Record Audit forms and directions

Attached

Appendix D – A sample QR-FM Report

Attached as “Quarter 2 Site Visit B”

Appendix E – A copy of the State Report Card

Available at:

<http://www.utsprokids.org/State%20Stuff%20Files/2012/FY2010%20Report%20card%20STATE.pdf>

Appendix F - A copy of Local Determination Letter and Table of Findings

See Findings Table Cluster A FFY11 and determination letter for A (attached)

Appendix G - A sample CPP

See March 2012 CPP –Cluster A (attached)

Appendix H - A sample CPP Progress Report

See Cluster A June 2012 CPP (attached)

Appendix I - Sample letters of compliance and verification

See attached cluster A progress compliance letter (attached)

Appendix A – Copy of Indiana's SPP

This is available at the following website:

<http://www.utsprokids.org/State%20Stuff%20Files/2011/in-spprev-2011c.pdf>

Appendix B - A copy of the QR-FM Flowchart

Currently unavailable but included is the **APR Activity Calendar**, as
it would reflect similar information

DRAFT APR Calendar

FFY 2006

July 06	August	September	October	November	December	Jan 07	Feb	March	April	May	June
APR Data pull											

FFY 2007

July 07	August	September	October	November	December	Jan 08	Feb	March	April	May	June
APR Data pull				Findings for FFY 08 APR (due Feb 2010)			FFY 06 APR Due				

APR Calendar

Draft November 25, 2008 Revised Draft 8/5/09; 1/24/11

FFY 2008

JULY August September October November December JAN 09 Feb March April May June

APR Data pull		Correction of 08 findings	Findings for FFY 09 APR (due Feb 2011)		FFY 07 APR Due	Finding letters from QR 2 visits (to be fixed and verified by 10-09)	QR Quarter 3 *Shadow SCs *Review improve plans *Review local bubble sheets *CPP 2 nd reporting period
		QR initial visits – Quarter 1 *Observe staff meetings *Overview of process *Review finding letters and process			QR Quarter 2 *APR data – bubble sheets *Data review *Improvement Plan review and approve by state (April) *Annual IFSPs 10 day PWN and income TPL		
				CPP Due	CPP approved		

	July	August	September	October	November
09					

[illegible]

APR Calendar
Draft November 25, 2008 Revised Draft 8/5/09; 1/24/11

FFY 2010

January February March April May June July August September October November December

Data pulls for FFY 2010 APR (Clare – QR data pull dates)			RFF incentive release &/or implementation of correction	08 findings fixed and verified by 12/31/10 to report 2/2012	New findings letters dated 1/24/11	FFY 2010 APR Due				
QR Quarter 4 *Review improve plan (any non correction must be immediately reported to state!)		QR Annual/Initial visits – schedule those in compliance first and do verification with annuals	CPP/RFF report # 2 due 10/15/10	Last CPP #3 updates for non-compliance correction if still not in compliance- use onsite visit data.		QR 2 nd quarter TA to Clusters writing CPPs	QR 3 rd quarter verified data from initial CPP reports			CPP/RFF report #1 due 6/15/11
						Cluster CPP plans due 3/15 state approval 3/31				

FFY 2011

July 11	August	September	October	November	December	Jan 12	Feb	March	April	May	June
			FFY2009 findings fixed and verified								
			Annual Cluster Visits	Annual Cluster Visits	Annual Cluster Visits						
			Gather data for APR	APR data to ICC		APR final draft to ICC for signature					

APR Calendar

Draft November 25, 2008 Revised Draft 8/5/09; 1/24/11

Appendix C - Copies of the Record Audit forms and directions

Indiana First Steps Quality Review Record Audit - Intake Review

Child Name: _____

Cluster: _____

Please be sure to to completely darken the
entire bubble using a #2 pencil.

Key: Y = Yes N = No I = Incomplete NA = Not Applicable

1. Cost Participation income is documented correctly?
Y ☐ N ☐ I ☐
2. Cost Participation acceptance form is signed and dated?
Y ☐ N ☐ I ☐
3. Was full fee used, reason and follow up documented?
Y ☐ N ☐ NA ☐
4. Insurance consent and forms, with copy of cards and/or HH?
Y ☐ N ☐ I ☐
5. Was evaluation present for all services on IFSP, except DT?
Y ☐ N ☐
6. Eligibility form is complete and supported by documentation?
Y ☐ N ☐
7. Physician Health Summary is signed and dated?
Y ☐ N ☐
8. If 29 months or more, LEA notice is documented?
Y ☐ N ☐ NA ☐
9. 10 day WPN for IFSP meeting?
Y ☐ N ☐ I ☐
10. Are all services written with one agency?
Y ☐ N ☐
11. Transition checklist/outcomes complete?
Y ☐ N ☐ I ☐
12. IFSP has physician signature and date?
Y ☐ N ☐
13. All IFSP Services started within 30 days?
Y ☐ N ☐ ☐ Family Reason

Date of Review: _____

Intake Coordinator: _____

Reviewer: _____

COMMENTS

Must comment on all items scored 'No' or 'Incomplete'.
Please comment on the quality of what is written.

1. Income determined correctly? ___Y___N___ Needs correction
___3 stubs___IRS1040___W2___SSI/TANF___foster child
___Income statement
Deductions: appear reasonable ___Y___N
Receipts attached? ___Y___N
2. CP acceptance form:
3. Was full fee used? ___Y___N
If yes, documentation for its use:
If full fee for lack of stubs, was follow up completed?
4. Insurance consents & documentation
type of carrier checked on form? ___Y___N
5. EDT evaluation: ___at initial___ as an add on eval
6. Eligibility: ___-1.5 in 2 areas___-2 in 1 area___med dx
___PHS supports DX___ICO___justification & scores incl.
7. PHS
8. LEA notice/transition meeting with initial IFSP
9. 10 day WPN - Date sent _____
IFSP date _____
10. EIS with one agency
If not, reason:
11. Transition outcome: ___activities dated___outcome written
___strategies___contact information
12. MD signature on IFSP _____date
13. If NEW services did NOT start within 30days, days until
service started _____days
(need actual days to start and reason for delay)

Form ID: IFSP001

www.Bubblescan.com

created by Academy Technologies

Feed this end into scanner lid with printed side facing collection tray.

Indiana First Steps Quality Review Record Audit - 6 Month Review

Date of Review: _____

Child Name: _____

Cluster: _____

Service Coordinator: _____

Reviewer: _____

Please be sure to to completely darken the entire bubble using a #2 pencil.

Key: Y = Yes N = No I = Incomplete NA = Not Applicable

1. 6 month review is timely?

Y ☐ N ☐

2. IFSP Outcome(s) review page(s)?

Y ☐ N ☐ I ☐

3. Provider progress notes?

Y ☐ N ☐ I ☐

4. Meeting minutes / request for authorizations?

Y ☐ N ☐ I ☐

5. Change page completed?

Y ☐ N ☐ I ☐ NA ☐

6. Did new services start within 30 days?

Y ☐ N ☐ I ☐ ☐ Family Reason

7. 10 day WPN sent?

Y ☐ N ☐ I ☐

COMMENTS

Comments are required for all items scored "no" or "incomplete". Include comments on the quality of what is present.

1. 6 month review is timely:

Date due: _____

Date completed: _____

2. Outcome review:

3. Progress notes:

4. Meeting minutes:

5. Change page:

6. If new services did not start within 30 days, when did they start?

_____ days after parent signature

Reason for delay:

7. WPN: Date sent: _____

Meeting date: _____

Form ID: IFS04-R6

www.BubblesScan.com

created by Academy Technologies

Feed this end into scanner slot with printed side facing collection tray.

Indiana First Steps Quality Review Record Audit - Annual Review

Child Name: _____

Cluster: _____

Please be sure to to completely darken the
entire bubble using a #2 pencil.

Key: Y = Yes N = No I = Incomplete NA = Not Applicable

1. IFSP is completed prior to expiration?

Y ☐ N ☐

2. Cost Participation income documented correctly?

Y ☐ N ☐

3. Cost Participation acceptance form is signed and dated?

Y ☐ N ☐ I ☐

4. Insurance forms completed, copy of insurance &/or HH cards?

Y ☐ N ☐ I ☐

5. Eligibility form is complete and supports eligibility?

Y ☐ N ☐

6. 10 day WPN for IFSP meeting?

Y ☐ N ☐ I ☐

7. Transition checklist/outcomes are complete?

Y ☐ N ☐ I ☐

8. MD signature is on IFSP?

Y ☐ N ☐

9. All services continued and/or started within 30 days
of IFSP date?

Y ☐ N ☐ I ☐ ☐ Family Reason

Date of Review: _____

Service Coordinator: _____

Reviewer: _____

COMMENTS

Must comment on all items scored 'No' or 'Incomplete'.
Please comment on quality of what is written.

1. Timeliness: IFSP exp. date: _____ new IFSP date _____
2. Income determined correctly? ___Y ___N ___Needs correction
3. Was full fee used? ___Y ___N
If yes, documentation for its use:
If full fee for lack of stubs, was follow up completed?
4. Insurance: Is type checked on form? ___Y ___N
5. Eligibility: ___-1.5 in 2; ___-2 in 1 area ___Medical Dx
___PHS supports DX; ___ICO ___Justification and scores incl
EDT eval notes:
6. 10 day WPN - date sent _____
IFSP: Meeting date _____
7. Transition Outcome & Plans: ___Y ___N ___functional
___activities dated
8. MD Signature:
9. If >30 days, need actual days from IFSP/parent sig &
reason for delay

Form ID: IFS003-R6

www.BubbleScan.com

created by Academy Technologies

Feed this end into scanner slot with printed side facing collection tray.

Indiana First Steps Quality Review Record Audit - Transition Review

Child Name: _____

Cluster: _____

Please be sure to to completely darken the
entire bubble using a #2 pencil.

Key: Y = Yes N = No I = Incomplete NA = Not Applicable

1. Transition packet checklist is complete?

Y ☐ N ☐ I ☐

2. LEA release of information consent present?

Y ☐ N ☐ I ☐ No Consent for LEA ☐

3. 10 day WPN for transition meeting?

Y ☐ N ☐ I ☐

4. LEA attended?

Y ☐ N ☐ NA ☐

5. IFSP Transition plan?

Y ☐ N ☐

6. Meeting minutes?

Y ☐ N ☐

7. Meeting held within 90-270 days of 3rd birthday?

Y ☐ N ☐ I ☐ NA ☐

Form ID: IFS002.R6

www.Bubblescan.com

created by Academy Technologies

Feed this end into scanner slot with printed side facing collection tray.

Date of Review: _____

Service Coordinator: _____

Reviewer: _____

COMMENTS

Must comment on all items scored 'No' or 'Incomplete'.
Please comment on the quality of what is written.

1. Transition Packet complete:

2. LEA: Consent signed date _____

3. 10 day WPN date sent _____
Meeting date _____

4. LEA attendance:

5. Transition plans:

6. Meeting Minutes:

7. Meeting due _____ (33 months)
Meeting Date: _____
If outside timeline, reason documented?

Directions for Chart Audits Annual On-site Reviews Intake

Chart pull must be within previous quarter

1. Cost Participation documented correctly - Must have documentation for all forms of income reported in Enrollment Form.

Yes

- Check stubs from each resident parent's three (3) most recent consecutive pay periods
- If recent pay stubs are not available, or in instances when income cannot be accurately assessed by the last three pay stubs (e.g., self-employment, seasonal employment, farm income, or supplemental income) the family must provide each parent's most recently filed 1040 Federal Income Tax form, W-2 form, or 1099 form.
- If none of the above is available a written statement of salary, or of wages and hours worked, may be submitted if the statement would accurately account for the income (refer to Combined Enrollment Form instructions for further detail related to income). The statement must include company/employer name, address, phone number, and supervisor signature
- Copy of most recent W2 form (use January 31 as cut off date for determining "most recent"), or
- Copy of most recently filed tax return to show all forms of income – Line 22 (use April 15 as cut off date for determining "most recent"), or
- Copy of TANF statement (must have if on TANF), or
- Copy of SSI statement (must have if child or parent gets SSI), or
- Copy of child support, or
- Copy of any other form of income reported in Enrollment Form
- *If family reports no income, then a signed statement from the parent explaining how they are supported is required.

No

- No documentation of income found and there is no statement that family has chosen not to disclose income and agrees to pay full fee

Incomplete

- Fewer than 3 pay stubs for each employed parent for each job, or pay stubs/other statements are not the most current at time income is verified, or family receives some other type of support that is not documented completely

2. Cost Participation acceptance form signed and dated

Yes

Cost Participation Acceptance form generated by SPOE computer is complete with co-pay amount, must be signed and dated by parent

No

CP Acceptance form not found or not signed by parent

Incomplete

CP Acceptance form not dated, or handwritten form is used

3. Was full fee used? Reason and follow up documented?

Yes

Minutes document reason for full fee and if for lack of income documentation, follow up is timely within the month of the IFSP date?

No

No reason or documentation was found for full fee or full fee for lack of income was not completed within the month of the IFSP date.

4. Insurance consent, supplemental form, insurance card copy or HH card copy

Yes

- For children covered by private medical insurance file must include all of the following items:
 - Completed Private Medical Insurance Supplemental form
 - Completed Private Medical Insurance Consent form, signed by parent
 - Copy of current medical insurance card
 - Carrier designation as Self or Fully funded or exempt

For children covered only by Hoosier Healthwise:

- Copy of HH card or HH number documented in Enrollment Form (it is preferred that a blank copy of the supplemental or consent form with "HOOSIER HEALTHWISE" written on it be included in the file also, consent form should not be signed by parent for HH only cases)

For children not covered by private medical insurance or Hoosier Healthwise

- A note in file stating "NO PRIVATE INSURANCE, NO HOOSIER HEALTHWISE"
- No Documentation of insurance or HH status not found
- Incomplete Some required documentation in file, but not all

5. Was an evaluation present for all IFSP authorized services, except DT?

- Yes EDT eval for all IFSP services
- No No EDT eval for all IFSP services

6. Eligibility form complete

Yes

a. Must have all 5 of the following items:

- b. Identify eligibility category by checking box on page 1
 - c. If eligible by medical diagnosis, ICD9 code must be documented on page 1
 - d. If eligibility is reached by Informed Clinical Opinion, an ICO statement must be written on page 2 to justify why test administered was not appropriate for this child and there is objective justification for the % delay (cannot just say "based on informed clinical opinion the ED Team feels this child has a 25% delay")
 - e. Team must include at least 2 different disciplines, coordinator, and parent. Disciplines should be identified by title.
 - f. If MD is used as one of the 2 disciplines, signature on physician health summary must predate eligibility meeting and state developmental delay or diagnosis
- Do ED Team assessment results support state definitions of developmental delay?
- Is there a diagnosis and ICD9 code consistent with specified physical and mental conditions with a high probability of developmental delay as stated in the Indiana code?
- Is the PHS signed and dated before eligibility when it is used to determine eligibility (by diagnosis or as one of the two required disciplines)?
- If Informed Clinical Opinion is used is there documentation stating why AEPS was not adequate is assessing eligibility (i.e., age or quality of skills) and how child should be eligible?

No Eligibility form not found or not signed by parent and/or Assessment results are not consistent with eligibility criteria, or ICO not documented properly, or documentation of medical diagnosis not found, or medical diagnosis not consistent with Indiana code, or medical information dated after eligibility meeting.

Incomplete Any of the 5 items listed above are missing or incomplete

7. Physician Health Summary signed and dated

- Yes PHS signed by MD. Will accept another form of information completed by the MD as long as required information is present. Will accept fax date or date received stamp as "dated". (make note if PHS is blank other than MD signature)
- No PHS not found

8. If > 29 months at intake, LEA notice is documented by intake

- Yes General Reciprocal consent for LEA and 30-month notice to LEA present, notice sent no more than 10 days after initial IFSP, or
- If parent declines consent for LEA, it is noted in the record and 30-month notice to LEA is sent with non-identifying information no more than 10 days after initial IFSP
- No 30-month notice to LEA not found for child referred after age 29 months
- NA Child was referred before 29 months

9. 10 day WPN for IFSP meeting

- Yes WPN dated 10 or more days before the scheduled meeting
- No 10 day WPN not found
- Incomplete 10 day WPN not dated, or dated less than 10 days before scheduled meeting

10. Are all services written with one (1) agency?

Yes All services with same agency or more than one agency but explanation and state approval present

No More than one agency on IFSP, no explanation or approval

11. **Transition checklist/outcomes completed**

Yes Checklist dates are entered & Transition outcome (any strategy/activity) written. Should note quality of written transition outcome

No - Transition page not found or completely blank

Incomplete Dates entered on checklist, but no outcome written. Outcome written, but dates are missing on checklist.

12. **IFSP has MD signature and date**

Yes IFSP is signed by MD. Will accept fax date or date received stamp as "dated".

No No MD signature on IFSP, signature date is after IFSP services authorization date.

13. **Services started within 30 days**

Yes Documentation of service start dates present in EI record for **ALL** services (EXCLUDING SC) authorized on the IFSP started within 30 days of the IFSP or change of service page date, as signed by parent

No Documentation of service start dates not found, or no services started within 30 days of IFSP or change of service date

Incomplete Some services started on time, but not all

PLEASE NOTE THAT IF SERVICES DID NOT START WITHIN 30 days, MUST SPECIFY EXACT
NUMBER OF DAYS TO SERVICE START and REASON for delay.

Comments: You must note what was incomplete and/or missing, what was especially good and what could be better.

Directions for Chart Audits -- Annual

1. Annual IFSP is timely and completed prior to expiration

- Yes** - Date of family signature on annual IFSP is before previous IFSP end date and MD signature on IFSP is prior to IFSP end date.
- No** - Any date after previous IFSP end date or MD sig is after IFSP end date

2. Cost Participation documented

- Yes** Documentation of all forms of income reported on Combined Enrollment Form present.* This could be a combination of any of the following items:
- Copy of 3 most recent pay stubs from employment, (if fewer than 3 stubs because job just started this must be noted in the file and follow up to obtain later pay stubs should be done), or
 - Copy of most recent W2 form (use January 31 as cut off date for determining "most recent"), or
 - Copy of most recently filed tax return to show all forms of income (use April 15 as cut off date for determining "most recent"), or
 - Copy of TANF statement (must have if on TANF), or
 - Copy of SSI statement (must have if child or parent gets SSI), or
 - Copy of child support, or
 - Copy of any other form of income reported on Combined Enrollment Form

**If family reports no income a signed statement from the parent explaining how they are supported is required.
Must have documentation for all forms of income reported on Combined Enrollment Form*

No No documentation of income found

Incomplete Fewer than 3 pay stubs for each employed parent for each job, or pay stubs/other statements are not the most current at time income is verified, or family receives some other type of support that is not documented completely.

3. Cost Participation acceptance form signed and dated

- Yes** Cost Participation Acceptance form generated by SPOE computer is complete with co-pay amount, must be signed and dated by parent
- No** CP Acceptance form not found or not signed by parent
- Incomplete** CP Acceptance form not dated, or handwritten form is used

4. Insurance consent, supplemental form, insurance card copy or HH card copy.

- Yes** For children covered by private medical insurance file must include all of the following items:

- Completed Private Medical Insurance Supplemental form
- Completed Private Medical Insurance Consent form, signed by parent
- Copy of current medical insurance card

For children covered only by Hoosier Healthwise:

- Copy of HH card or HH number documented in Combined Enrollment Form (it is preferred that a blank copy of the supplemental or consent form with "HOOSIER HEALTHWISE" written on it be included in the file also, consent form should not be signed by parent for HH only cases)

For children not covered by private medical insurance or Hoosier Healthwise

- A note in file stating "NO PRIVATE INSURANCE, NO HOOSIER HEALTHWISE" (it is preferred that this is noted on a blank copy of the supplemental or consent form)

No Documentation of insurance or HH status not found

Incomplete Some required documentation in file, but not all

5. Eligibility form complete

- Yes** Must have all 5 of the following items:

- 1) Identify eligibility category by checking box on page 1
- 2) If eligible by medical diagnosis, ICD9 code must be documented on page 1
- 3) If eligibility is reached by Informed Clinical Opinion, an ICO statement must be written on page 2 to justify why test administered was not appropriate for this child and specify the area(s) of concern (cannot just say "based on informed clinical opinion the ED Team feels this child has a 25% delay")
- 4) Team must include at least 2 different disciplines, coordinator, and parent. Disciplines should be identified by title.

5) If MD is used as one of the 2 disciplines, signature on physician health summary must predate eligibility meeting and state developmental delay or diagnosis.
Do ED Team assessment results support state definitions of developmental delay?
Is there a diagnosis and ICD9 code consistent with specified physical and mental conditions with a high probability of developmental delay as stated in the Indiana code?
Is the PHS signed and dated before eligibility when it is used to determine eligibility (by diagnosis or as one of the two required disciplines)?
If Informed Clinical Opinion is used is there documentation stating why/how child should be eligible?

No Eligibility form not found or not signed by parent
Assessment results are not consistent with eligibility criteria, or ICO not documented properly, or documentation of medical diagnosis not found, or medical diagnosis not consistent with Indiana code, or medical information dated after eligibility meeting.
Incomplete Any of the 5 items listed above are missing or incomplete

6. 10 day WPN for IFSP meeting

Yes WPN dated 10 or more days before the scheduled meeting
No 10 day WPN not found
Incomplete 10 day WPN not dated, or dated less than 10 days before scheduled meeting

7. Transition checklist/outcomes completed

Yes Checklist dates are entered & Transition outcome (any strategy/activity) written, note quality of transition outcome.
No - Transition page not found or completely blank
Incomplete Dates entered on checklist, but no outcome written. Outcome written, but dates are missing on checklist.

8. IFSP has MD signature and date

Yes IFSP is signed by MD. Will accept fax date or date received stamp as "dated".
No No MD signature on IFSP

9. Services started within 30 days

Yes Documentation of service start dates present in EI record that **ALL new** services authorized on the IFSP started within 30 days of the IFSP date as signed by parent. If no new services mark yes.
No Documentation of service start dates not found, or new services not started within 30 days of IFSP date
Incomplete Some services started on time, but not all
IF SERVICE DID NOT START WITHIN 30 DAYS, MUST INCLUDE ACTUAL NUMBER OF DAYS TO SERVICE START AND REASON FOR DELAY.

Comments: You must note what was incomplete and/or missing, what was especially good and what could be better.

Directions for Chart Audits – Transition

Ideal Chart pull should be before the child is 36 months of age or and after 33months of age – this allows time for meeting, if it has not been completed.

1. Transition packet checklist complete

- Yes** - Transition checklist is complete with dates of activities noted
- No** - Transition checklist not found
- Incomplete** - Transition checklist present, but dates missing/incomplete

2. LEA release of info

- Yes** - LEA release signed and dated
- No** - LEA release not found
- Incomplete** - LEA release present, but not dated
- NA** - Parent did not give consent and this is noted

3. 10 day WPN for IFSP meeting

- Yes** - WPN dated 10 or more days before the scheduled meeting
- No** - 10 day WPN not found
- Incomplete** - 10 day WPN not dated, or dated less than 10 days before scheduled meeting

5. LEA invited

- Yes** - Letter to LEA with date and time of meeting or LEA did attend the meeting (then invitation is assumed)
- No** - Consent present, no evidence LEA was invited
- NA** - No consent for LEA to attend, this should be noted

6. LEA attended

- Yes** - LEA signed meeting minutes
- No** - Consent present and LEA invited, but did not attend (should be documentation of attempts to accommodate LEA schedule)
- NA** - No consent for LEA to attend, this should be noted

7. Meeting minutes

- Yes** - Should include information about the discussion, plans, or needed follow up. Not adequate to restate who was there and what the meeting was for (these are stated elsewhere).
- No** - Meeting minutes not found

9. Meeting held 90-270 days before 3rd birthday

- Yes** - Meeting held within timeline or held outside timeline because child entered FS within 90 days of 3rd b-day
- No** - No transition meeting held
- Incomplete** - Child entered FS before 32 months and meeting was held outside of timeline
- NA** - Child transitioned out of First Steps more than 270 days before 3rd b-day

If child did not have a transition meeting between 27 & 33 months, you must document 1) was child potentially eligible for Part B (answer is yes if still in FS); 2) reason for delay of transition meeting and 3) actual days before 3rd birthday, if held before 270 days or after 90 days prior to 3rd birthday.

Comments: You must note what was incomplete and/or missing, what was especially good and what could be better.

Appendix D – A sample QR-FM Report

Cluster B
Quarterly QR Visit
March 21, 2012

1. Attended the SPOE Intake staff meeting led by Bridget Fairchild Leazenby. No agenda – meeting was used to review intake files using bubble sheets, with an emphasis on income and outcomes. Also reviewed scheduled to insure coverage over spring breaks and summer vacations. Questions regarding required 3 pay stubs and when income statement is acceptable. Discussed issues related to day laborers who are paid in cash and who have difficulty getting supervisors signature. Referred Bridget to posted CP policies on state webpage and emphasized need for SC documentation when there are issues with obtaining required income documentation. Reviewed instances when direct deposit may be acceptable, i.e. child support, SSI, etc where deductions are not taken from the gross amount. Staff sign in to the record every time it is reviewed, this is a local policy so that Director and Supervisors can monitor IC/SC file reviews.
2. Reviewed terminated records to check for completion of Exit summary and to determine reason if Exit was not completed. This Cluster attempts to complete all exit surveys in person is a scheduled meeting with the family and they are very successful in obtaining completed summaries. Review focused on documentation in the meeting minutes evidence of a log note explaining circumstance when not able to complete or when completed by phone. 12 files were reviewed. 8 contained complete Family interviews done face to face. 2 files were missing Exit Surveys, due to families lost - one moved out of state and one failed to participate. 1 documented that family declined. None were mailed to family. The Cluster will be participating in the Exit Survey pilot with IPads.
3. Data entry review – met with annual data entry person (Coretta) as well as Bridget to discuss data entry procedures. Melanie who does data entry for intake was off. Referrals are routed to IC and SCs. Referral form is completed and IC assigned, then given to data entry. An excel spreadsheet is maintained with all referrals. Reviewer was able to pull a representative sample to verify referral date received as well as referral entered in SPOE system. Reviewer found that if Intake is not completed, the date showing in the SPOE database for Intake is the current date. However, all referrals had referral date and family information. The IC name was present in all but two. These were for an IC who did her own data entry, she was listed on the referral log, but her name did not appear in the SPOE database. This has occurred in other SPOEs (A) and there is a question of this data element transferring. Copy of data entry Plan was received and reviewed.

ID	Referral date on form	Entered	SPOE referral date <u>matches form</u>	IC Data Entered
100114224	3/12/12	Y	Y	Y
100114225	3/12/12	Y	Y	Y
100114226	3/12/12	Y	Y	N - MFP
100114227	3/12/12	Y	Y	N-MFP
100114228	3/12/12	Y	Y	Y
100114229	3/12/12	Y	Y	Y
100114250	3/19/12	Y	Y	Y
100114251	3/19/12	Y	Y	N – twin of above
100114252	3/19/12	Y	Y	Y
100114253	3/19/12	Y	Y	Y
100114254	3/19/12	Y	Y	Y
100114261	3/20/12	Y	Y	Y
100114265	3/20/12	Y	Y	Y
100114267	3/20/12	Y	Y	Y

110114268	3/20/12	Y	Y	Y
100114270	3/20/12	Y	Y	Y
100114272	3/20/12	Y	Y	Y
100114273	3/20/12	Y	Y	Y
100114274	3/20/12	Y	Y	Y

4. The same files used for exit survey were reviewed for those with no co-pay and one full fee. Based on the data from MCP, Cluster B had 82% at no co-pay. This coincides with the level of no co-pay from the last EOB generated (88% - 442/502). 12 of 12 records had income documentation. 2/12 was a foster child; 3/12 TANF/SSI; 1/12 income declined and full fee x 2 years; 4/12 3 stubs present; and 2/12 were from parent written income statements. Reviewed files:

100108812	Three pay stubs	233%
100110548	SSI	31%
100111400	Income statement,	0%
	Previous year had child support documented - no documentation found, why not for current year.	
100111739	Three pay stubs	209%
100111905	full fee	0%
	Income info declined, full fee x's 2 years	
100111954	Three pay stubs	204%
100112367	Foster Child	0%
100112516	TANF	0%
100112802	Three pay stubs	243%
100113224	Income Statement	0%
100113043	Foster	0%
100500949	TANF	9%

5. Eligibility Review: A sample of 12 IFSP's was reviewed for eligibility determination and entry into SPOE system. The following files were reviewed (F/C - file and computer agreement):

#	Eligibility	Referral & term date	MD summary	Services
100108812	20% in 2/ F&C	4/17/09-12/16/11	PHS: chronic lung disease & DD	SLP & OT
	Initial elig was medical, changed 5/12/11. Progress note used preemie (over 1 year) and dysphasia			
100110548	20% in 2/F&C	3/2/10-11/16/11	PHS: sensory issues 782 782.1	OT
	3 numbers in SPOE; 8/12/09-9/4/09 not eligible; 1/10/10-2/16/10 for speech, withdrawn by parent			
100111400	20% in 2/F&C	7/26/10-8/9/11	PHS: food aversion 783.3	OT
	Progress note dx: Reflux 3 numbers in the system (1 declined to participate - 9/28/11-10/14/11; 1 no longer in need - 7/26/10-8/9/11)			
100111738	20% in 2/F&C	9/24/10-12/21/11	PHS: cong. MS deform. Head deform; speech delay	
	Initial elig was medical, changed 11/3/11 2 numbers in SPOE: 3/19/09-2/2/10 torticollis - no longer eligible			

100111905	20% in 2/F&C 11/2/10-10/2/11	PHS: GM delay 315.4	PT, SLP
	3 numbers in SPOE; 5/11/09-2/21/10 no longer in need; and 8/7/10 recreated due to file termed too early		
100111954	ICO GM delay of 25% (med. is primary) 11/10/10-12/13/11	PHS: 10/12/11 no dx.	PT
	2 numbers in SPOE – 8/4/10-8/23/10 ineligible, dx extreme prematurity 12/13/11 - Closed failed to participate, no show tx, SC letter unanswered Looks like initial enrollment/IFSP from 8/10 used with red line drawn through old info		
100112367	20% in 2/F&C 2/7/11-7/15/11	PHS: Speech delay 315.39	
100112516	20% in 2/F & C 3/7/11-9/26/11	PHS: Speech delay & macrocephaly	
	Progress notes – no diagnosis listed		
100112802	25% in 1/ F& C 12/18/09-11/17/11	PHS: GM delay 315.4	PT
	-2 in GMS, no dx on EDT eval		
100113043	20% in 2/F&C 6/27/11-11/27/11	-2 in 4 areas, foster child	
	3 numbers in SPOE 9/10/10 withdrawn by parent; 2 nos for 6/27/11, one to reenter an auth		
100113224	20% in 2/F&C 8/5/11-12/8/11	PHS: DD 783.40 ?? R sided weakness and decrease in	
	Right hand function noted in notes but no dx for it found. Moved and records to MI early start.		
100500949	25% in 1/ F& C 12/18/09-11/17/11	PHS: Neuromuscular delay 781.3 & DD	PT & DT
	No diagnosis in progress notes		

6. Reviewed January 25, 2012 state response to December 2011 RFF Performance Report. Discussed report due March 30, 2012. Discussed family participation and ways that service coordinator can help families understand their responsibilities. Also discussed ways to help providers understand the child and family outcomes and how providers can enhance achievement of these outcomes. Discussed the family responsibility handout that is being reviewed by the state and possible reorganization of the bulleted items by family outcomes. Need to ensure that coordinators discuss family participation at each meeting. Also include family participation requirements in discussions and meetings with agency representatives. Ways to measure success of family participation include family outcome data and a review of provider progress notes, last page that addresses family participation.

Appendix E – Copy of State Report Card

This is available at the following website:

<http://www.utsprokids.org/State%20Stuff%20Files/2012/FY2010%20Report%20card%20STATE.pdf>

Appendix F - A copy of Local Determination Letter and Table of Findings



"People
helping people
help
themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

Michael Gargano, Secretary

January 24, 2012

Clara Mann
1st Kids, Inc.
11045 Broadway Street, Suite F
Crown Point, IN 46307

Dear Clare,

The Bureau of Child Development Services and the Quality Review-Focused Monitoring Teams have completed the desk audits, on-site monitoring visits, and review of your Cluster Performance Plan (CPP) progress for FFY2010. Data from these cluster sources were used to evaluate the state's annual progress in meeting Federal and State regulations, as well as identifying local areas of improvement and non-compliance. States are required pursuant to 616(a)(1)(C)(i) and 300.600(a) to make local determinations on the progress of the clusters' performance annually. The Bureau has reviewed the information provided in your cluster CPP, other state reported data, including monitoring visits, RFF holdback data and other public information and has determined that your cluster **meets the requirements** of IDEA, Part C.

Based on this data analysis, the State has identified items for improvement that were addressed in your Cluster Performance Plan (CPP) for FFY2010. Like the State Performance Plan, the cluster will be responsible for identifying activities and strategies that will allow the cluster to meet all areas of compliance as soon as possible, but in no case later than one year from the date of this letter. The specific areas of non-compliance and needs improvement are identified in the attached January 2012 CPP table.

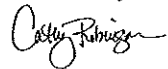
You are asked to provide CPP strategies and activities for State review and approval no later than March 30, 2012. Additionally, in order to monitor the ongoing progress of your cluster, you are required to submit performance reports, including data for all indicators that demonstrate continuous improvement and correction of any non-compliance, as soon as possible but no longer than one year from identification. Clusters must report on compliance indicators 1, 7, 8A, and 8C, in addition to any noncompliance noted in indicators 15 through 19. Child counts should be obtained on 6/1/12 & 9/1/12 for indicators 5 and 6. The IIDC will report data for



indicators 3, 4 and 20. Data for your first quarter progress report is provided. Subsequent progress reports are due ***June 15, 2012 and September 15, 2012***. Any remaining non-compliance must be corrected by December 15, 2012 so that it can be verified prior to January 23, 2013. The Focused Monitoring Teams and the State Consultants are available to assist with the development of your plan.

Indiana is committed to supporting your cluster's efforts to improve outcomes for infants and toddlers with disabilities and their families, and we look forward to working with you over the next year. Please feel welcome to contact me or one of the QR team members with any questions that you may have.

Sincerely,



Cathy Robinson
Program Consultant
First Steps
Cathy.Robinson@fssa.in.gov
317-233-6094

First Steps FFY 2010 Findings Table
Cluster A
January 2012

1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. [100% Compliance Indicator: 34 CFR §§303.340(c), 303.342(e) and 303.344(f)(1).]		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator 99% (289/292).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-Site Visit indicate a compliance level of 97% (99/102).</p> <p>The Cluster remains out of compliance with the target of 100%</p>		
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. [Results Indicator – Target for FFY11 is 96%] 34 CFR §§303.12, 303.18, and 303.344(d)(1)(ii).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 data for this indicator is 99% (2193/2211) as reported in the Cluster Profile. The Cluster's data reflects a high level of performance for this indicator.</p> <p>The Cluster met the FFY 2010 target of 96%.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

3. Percent of infants and toddlers with IFSPs who demonstrate improved: A) Positive social-emotional skills (including social relationships); B) Acquisition and use of knowledge and skills (including early language/ communication); and C) Use of appropriate behaviors to meet their needs. [Results Indicator: see table for targets]

Status of Indicators				Cluster Improvement Plans	Cluster Progress
The Cluster's reported progress data for this indicator are included in the table below. Data supplied by IIDC.					
FFY10 Infant and Toddler Outcome Progress Data	Social Emotional SS1=52% SS2=50%	Knowledge & Skills SS1=57% SS2=69%	Appropriate Behavior SS1=54% SS2 = 62%		
SS1: Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	47.6%	54.9%	51.6%		
SS2: The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	44.6%	59.6%	55.9%		
The cluster did not meet child outcome targets.					

First Steps FFY 2010 Findings Table
Cluster A
January 2012

4. Percent of families participating in Part C who report that early intervention services have helped the family: A) Know their rights; B) Effectively communicate their children's needs; and C) Help their children develop and learn. [Results Indicator – see table for targets]

Status of Indicators	Cluster Improvement Plans	Cluster Progress												
<p>The Cluster's reported data from IIDC for this indicator are:</p> <table border="1"> <tr> <td></td><td>FFY 2010 Data</td><td>FFY 2011 Target</td></tr> <tr> <td>A. Know their rights.</td><td>97.1%</td><td>99%</td></tr> <tr> <td>B. Effectively communicate their children's needs.</td><td>99%</td><td>98%</td></tr> <tr> <td>C. Help their children develop and learn.</td><td>97.7%</td><td>97%</td></tr> </table> <p>The cluster has met targets for B and C, but did not meet target for A.</p>		FFY 2010 Data	FFY 2011 Target	A. Know their rights.	97.1%	99%	B. Effectively communicate their children's needs.	99%	98%	C. Help their children develop and learn.	97.7%	97%		
	FFY 2010 Data	FFY 2011 Target												
A. Know their rights.	97.1%	99%												
B. Effectively communicate their children's needs.	99%	98%												
C. Help their children develop and learn.	97.7%	97%												

First Steps FFY 2010 Findings Table
Cluster A
January 2012

5. Percent of infants and toddlers birth to 1 with IFSPs compared to: A: National data. [Results Indicator: State target is 1.40% based on 1 day count]			
Status of Indicators	Cluster Improvement Plans		Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 1.18% (123/10442) [based on one day child count in the Cluster Profile].</p> <p>The cluster did not meet the target of 1.4%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p>			
6. Percent of infants and toddlers birth to 3 with IFSPs compared to: A: National data. [Results Indicator: State target is 3.0% based on 1 day count]			
Status of Indicators	Cluster Improvement Plans		Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 3.17%% (979/30837) [based on one day child count].</p> <p>The cluster met the target of 3.0%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p>			

First Steps FFY 2010 Findings Table
Cluster A
January 2012

7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator – 100%] 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342 (a).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.9% (813/814). The Cluster did not meet the FFY 2010 target of 100%. Quarter 1 Quality Review findings for July-Sept. 2011 indicate a compliance level of 99.6% (248/249)</p> <p>The Cluster remains out of compliance for the indicator.</p>		
8. A. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; [Compliance Indicator – 100%] 34 CFR §§303.148(b)(4) and 303.344(h).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (222/222). The Cluster met the FFY 2010 target of 100%. Quarter 1 Quality Review findings from the Annual On-Site Review are 100% (105/105). The Cluster remains in compliance with this Indicator.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

<p>8. B. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; [Compliance Indicator] – 100%[34 CFR §303.148(b)(1).</p>		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (717/717).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Progress – The October LEA transfer of 18 month old children was 100% (111/111).</p> <p>The Cluster remains in compliance for the indicator.</p>		
<p>8 C: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B. [Compliance Indicator – 100%] 34 CFR §303.148(b)(2)(i)(as modified by IDEA section 637(a)(9).</p>		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (323/323).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site visit were 100% (42/42).</p> <p>The Cluster remains in compliance with this Indicator.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. [Compliance Indicator – 100%] 635(a)(10)(A) and 34 CFR §303.501.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (3/3 corrected from FFY09 findings - 1, 17, & 18).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>The Cluster's reported findings are: 7 (1, 7, 15, 16, 17, 18 & 19)</p>		
<i>Indicators 10-14 are State Indicators and not applicable to the Cluster</i>	NA	NA
15. IFSPs written prior to expiration [Compliance Indicator –100%] 470 IAC 3.1-9-1.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (34/34).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site review are 97% (37/38).</p> <p>Cluster is now out of compliance with this Indicator.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

16. Timely completion of the six month review. [Compliance Indicator – 100%] 470 IAC 3.1-9-1.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (109/109).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual Onsite review indicate a compliance level of 97% (38/39).</p> <p>The Cluster is now out of compliance.</p>		
17. 10 day prior written notice [Compliance Indicator – 100%] 470 IAC 3.1-13-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (403/403).</p> <p>The Cluster has met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-Site review indicate a compliance level of 99% (143/144).</p> <p>The Cluster is now out of compliance with this indicator</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

18. Documentation of family income [Compliance Indicator – 100%] 470 IAC 3.1-10-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (187/188).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site indicate a compliance level of 99.5% (60/63).</p> <p>The Cluster remains out of compliance for this indicator.</p>		
19. Documentation of health care coverage, insurance, Medicaid, CSHCS, etc. [Compliance Indicator – 100%] 470 IAC 3.1-10-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (183/184).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site review are 99.5% (58/63).</p> <p>Cluster remains out of compliance with this Indicator.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

20. Timely data entry of Entrance and Exit Interview data. [Results Indicator -- 70%] 470 IAC 3.1-3-3.5.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>IIDC reported completed entries for child and family outcome data.</p> <p>Child Assessments – 100%</p> <p>Family Assessments – 74%</p> <p>The Cluster met the FFY 2010 target of 100% for child outcomes and 70% for family outcomes.</p>		

Appendix G - A sample CPP

First Steps FFY 2010 Findings Table
Cluster A
January 2012

1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. 100% Compliance Indicator: 34 CFR §§303.340(c), 303.342(e) and 303.344(f)(1). 1		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator 99% (289/292).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-Site Visit indicate a compliance level of 97% (99/102).</p> <p>The Cluster remains out of compliance with the target of 100%</p>	<p>Outcome: 100% of new IFSP services will start within 30 days.</p> <p>The Cluster will continue to strive to meet the target of 100% compliance by continuing to:</p> <ol style="list-style-type: none"> 1. Utilize the <i>State's Verification of Start of Service</i> form to track 30 day start dates from providers. 2. <i>Verification of Start of Service</i> form will continue to be placed in the SC's Change Page packet as well as the 6mo Review packet. 3. Utilize the cluster SC narrative notes to indicate services have started. 4. Continue to make the 30 day start from readily available to providers 5. Complete self-audits at Team meetings as well as QA audit pulls and SC monthly supervision <p>The new provider progress reports inclusion of the documented dates of service has been helpful in the verification of the start of service.</p> <p>The SPOE also uses the PAM system to verify the first date billed for a new service.</p> <p>The SPOE will work with provider agencies within the cluster to assure services are starting within 30 days from parent signature and to develop corrective action plans with agencies when problems are identified.</p> <p>Internal ongoing file reviews will track this information and document progress. Parent driven and system driven delays will be identified</p>	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

	<p>Data will be shared with the Oversight Committee</p> <p>The cluster achieve this outcome as quickly as possible but no later than January 31, 2013</p>	
<p>2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. (Results Indicator – Target for FFY11 is 96% [34 CFR §§303.12, 303.18, and 303.344(d)(1)(ii)]</p>		
<p>Status of Indicators</p> <p>The Cluster's FFY 2010 data for this indicator is 99% (2193/2211) as reported in the Cluster Profile. The Cluster's data reflects a high level of performance for this indicator.</p> <p>The Cluster met the FFY 2010 target of 96%.</p>	<p>Cluster Improvement Plans</p> <p>Outcome: 96% of all services will be delivered in the Natural Environment.</p> <p>The cluster will continue to meet this requirement by the continuing the following activities:</p> <ol style="list-style-type: none"> 1. All onsite services written on a plan are reviewed with SC/IC Supervisors to ensure appropriate utilization of onsite services 2. All onsite services are written short term in order to review the barrier within the natural environment. <p>This data will be gathered during regular file reviews and reviewed appropriately.</p> <p>The cluster has met this requirement and will continue to monitor compliance with ongoing file reviews.</p>	<p>Cluster Progress</p>

First Steps FFY 2010 Findings Table
Cluster A
January 2012

3 Percent of infants and toddlers with IFSPs who demonstrate improved: A) Positive social-emotional skills (including social relationships); B) Acquisition and use of knowledge and skills (including early language/communication); and C) Use of appropriate behaviors to meet their needs. [Results indicator: see table for targets]				
Status of indicators		Cluster Improvement Plans		Cluster Progress
The Cluster's reported progress data for this indicator are included in the table below. Data supplied by IIDC.		<p>Outcome: The cluster will achieve the targets indicated to demonstrate compliance with state targets for positive child outcomes.</p> <p>While this is a challenge for the cluster as the level of improvement is most directly affected by the ongoing the provider, the cluster is committed in improving the progress in this area. The following plan will be followed:</p> <ol style="list-style-type: none"> 1. The cluster will discuss this outcome and how the data is collected and reported with Agencies at each agency and LPCC meeting. 2. Agencies will be encouraged to incorporate this information in ongoing direct provider meetings and trainings. 3. The cluster will continue to report data each time received to the LPCC and Agency meetings. 4. ED team members will also be provided with this information regarding how this data is used and reported. 5. Agencies will be encouraged to require ongoing providers to complete the exit score summary for each child. It appears that as this form is not currently mandatory the completion of this document by ongoing providers is not currently consistent. 		
FFY10 Infant and Toddler Outcome Progress Data	Social Emotional SS1=52% SS2=50%	Knowledge & Skills SS1=57% SS2=69%	Appropriate Behavior SS1=54% SS2=62%	
SS1: Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	47.6%	54.9%	51.6%	
SS2: The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	44.6%	59.6%	55.9%	
The cluster did not meet child outcome targets.				

First Steps FFY 2010 Findings Table
Cluster A
January 2012

4. Percent of families participating in Part C who report that early intervention services have helped the family: A) Know their rights; B) Effectively communicate their children's needs; and C) Help their children develop and learn. [Results Indicator – see table for targets]															
Status of Indicators		Cluster Improvement Plans	Cluster Progress												
<p>The Cluster's reported data from IIDC for this indicator are:</p> <table border="1"> <tr> <td></td> <td>FFY 2010 Data</td> <td>FFY 2011 Target</td> </tr> <tr> <td>A. Know their rights.</td> <td>97.1%</td> <td>99%</td> </tr> <tr> <td>B. Effectively communicate their children's needs.</td> <td>99%</td> <td>98%</td> </tr> <tr> <td>C. Help their children develop and learn.</td> <td>97.7%</td> <td>97%</td> </tr> </table> <p>The cluster has met targets for B and C, but did not meet target for A.</p>			FFY 2010 Data	FFY 2011 Target	A. Know their rights.	97.1%	99%	B. Effectively communicate their children's needs.	99%	98%	C. Help their children develop and learn.	97.7%	97%	<p>Outcome: The cluster will achieve 99% compliance with outcome data entry that demonstrates positive family outcomes.</p> <p>The cluster will continue to work to achieve this outcome. We feel that the data reported reflects a strong understanding of rights among parents however the 99% indicator was not achieved. The following plan will be implemented:</p> <ol style="list-style-type: none"> 1. Service Coordinators will be trained on the importance of communicating with families and sharing family's expectations with the IFSP team. 2. Family rights will be discussed and reviewed at each IFSP team meeting. 3. LPCC and SPOE will work with the lead agency in identify and assisting with provider trainings to related to communicating with the family and sharing developmental information with families. 4. Data provided by Michael Conn Powers will be shared with the oversight committee to identify any trends and possible strategies. 	
	FFY 2010 Data	FFY 2011 Target													
A. Know their rights.	97.1%	99%													
B. Effectively communicate their children's needs.	99%	98%													
C. Help their children develop and learn.	97.7%	97%													

First Steps FFY 2010 Findings Table
Cluster A
January 2012

5. Percent of infants and toddlers birth to 1 with IFSPs compared to: A. National data. [Results Indicator: State target is 1.40% based on 1 day count]		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 1.18% (123/10442) [based on one day child count in the Cluster Profile].</p> <p>The cluster did not meet the target of 1.4%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p>	<p>Outcome: The cluster will serve 1.4% of the 0-1 population based on the one day child count.</p> <p>The cluster will meet the 1.4% indicator by conducting the following activities:</p> <ol style="list-style-type: none"> 1. Continuing outreach to local NICU's and to the extent possible using NICU packets that were developed for families within local hospitals NICUs in the Northwest Indiana region as well as the Chicagoland area. 2. Work with local agencies, dealing with this young demographic, on child find Efforts to ensure that local doctor's offices are provided with referral information regarding FS. To the extent possible send physician packets including brochures, referral forms, EI order pads, growth charts and flyers. 3. Specifying one IC to work with children referred from the local NICU's in order to develop a strong knowledge base as well as strong relationships. <p>The cluster will look to its Oversight Committee to do the following:</p> <ol style="list-style-type: none"> 1. Review and analyze data provided on the SPOE reports, as well as any other necessary data collected on the average age at referral, referral sources, and children that would have been eligible under the old criteria but are not under the new, as well as any other pertinent data. 	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

	Review county specific data to identify areas of specific concern and concentrate efforts in these areas to improve referral for children under 1 year of age.	
6. Percent of infants and toddlers birth to 3 with IFSPs compared to: A. National data. [Results indicator: State target is 3.0% based on 1 day count]		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 3.17%% (979/30837) [based on one day child count].</p> <p>The cluster met the target of 3.0%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p>	<p>Outcome: At least 3.00% of the one day child count for the 0-3 population of the cluster will be served.</p> <p>The cluster will continue to meet this indicator by continuing the following efforts:</p> <ol style="list-style-type: none"> 1. To the extent possible the cluster will provide referral information to local community agencies on an ongoing basis (such as but not limited to WIC, DCS, Healthy Families, LEA, physician offices, etc). 2. Work with local agencies to promote FS by providing in-service presentations to ensure knowledge of the program. 3. Work with Oversight committee members and agency representatives to share referral information throughout the community. 	

First Steps FFY 2010 Findings Table

Cluster A

January 2012

7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator – 100%] 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342 (a)		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.9% (813/814). The Cluster did not meet the FFY 2010 target of 100%. Quarter 1 Quality Review findings for July-Sept. 2011 indicate a compliance level of 99.6% (248/249) The Cluster remains out of compliance for the indicator.</p>	<p>Outcome: 100% of referred infants & toddlers found eligible will have an IFSP in place within 45 days. The cluster will strive to achieve 100% compliance by continuing to do the following:</p> <ol style="list-style-type: none"> 1. List the 45 day timeline date on each referral form given to the IC. 2. Schedule and give notice of the Eligibility / IFSP meeting while at the Intake appointment to ensure enough time to stay within 45 days. 3. IC Supervisor will be notified if an IC is getting close to the 45 day timeline. <p>Local SPOE reports showing this indicator will be submitted to the oversight committee on a quarterly basis. Progress will be monitored through internal progress reports.</p>	

First Steps FFY 2010 Findings Table

Cluster A

January 2012

8. A. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services. [Compliance Indicator - 100%] 34 CFR §§303.148(b)(4) and 303.344(h).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (222/222).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-Site Review are 100% (105/105).</p> <p>The Cluster remains in compliance with this indicator.</p>	<p>Outcome: All children exiting Part C will have a completed Transition Outcome page with steps and services within the IFSP 100% of the time.</p> <p>The cluster will continue to meet 100% compliance of this indicator by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Completion of Transition outcome and discussion of timelines in regards to the transition checklist. 2. Utilize peer file review at team meetings to assist in training and discussion of appropriate and well written transition outcomes. <p>This will continue to be monitored with the use of internal file reviews.</p>	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

8. B. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA if child potentially eligible for Part B; [Compliance Indicator] – 100%]34 CFR §303.148(b)(1).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (7177717).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Progress – The October LEA transfer of 18 month old children was 100% (1111/111).</p> <p>The Cluster remains in compliance for the indicator.</p>	<p>Outcome: LEA's will be notified of children potentially eligible for Part B services 100% of the time.</p> <p>The cluster will continue to meet 100% compliance by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Send out the 18 month referral data to the School system of legal settlement upon receipt from the State. 2. Service Coordinators will receive additional Transition training throughout the year. <p>EI records will be reviewed by the Quality Assurance Coordinator and the service coordinators throughout the year.</p> <p>The cluster has met this outcome.</p>	

First Steps FFY 2010 Findings Table

Cluster A

January 2012

8 C: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B. [Compliance Indicator – 100%] 34 CFR §303.148(b)(2)(i)(as modified by IDEA section 637(a)(9)).		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (323/323).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site visit were 100% (42/42).</p> <p>The Cluster remains in compliance with this Indicator.</p>	<p>Outcome: Transition conferences will occur for children potentially eligible for Part B services 100% of the time.</p> <p>The cluster will continue to meet 100% compliance by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Tracking tools will be used to show upcoming transition dates and timelines. 2. Track completed transition meeting to ensure they are taking place within the indicated timeline of 270 to 90 days. 3. Completion and review of the IFSP transition checklist for timelines of upcoming dates. <p>This will be measured by reviewing the Transition meeting date spreadsheet listed above.</p> <p>The cluster has met this outcome</p>	

First Steps FFY 2010 Findings Table

Cluster A

January 2012

9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. [Compliance Indicator – 100%] 635(a)(10)(A) and 34 CFR §303.501		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (3/3 corrected from FFY09 findings - 1, 17, & 18).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>The Cluster's reported findings are: 7 (1, 7, 15, 16, 17, 18 & 19)</p>	<p>Outcome: The cluster will maintain a general supervision system to address and correct any identified noncompliance.</p> <p>The cluster addressed and corrected all noncompliance issues in the FFY 2008 compliance report.</p> <p>The cluster will correct all non-compliance ASAP, but in no case longer than January 31, 2013.</p> <ol style="list-style-type: none"> 1. The cluster has a committee in place to address and monitor newly identified compliance issues. 2. The cluster employs a Quality Assurance Coordinator and an LPCC Coordinator that facilitates the committee's work and manages identified compliance issues. 	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

Indicators 10-14 are State Indicators and not applicable to the Cluster		
NA		
NA		
15. IFSPs written prior to expiration [Compliance Indicator - 100%] 470 IAC 3.1-9-1.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (34/34). The Cluster met the FFY 2010 target of 100%. Quarter 1 Quality Review findings from the Annual On-site review are 97% (37/38). Cluster is now out of compliance with this Indicator.</p>	<p>Outcome: All annual IFSPs will be written prior to expiration for children meeting the State's eligibility criteria. The cluster will achieve 100% compliance through the following: 1. Annual dates and timelines will continue to be monitored to ensure on-time completion 2. Tracking tools will be used to show upcoming expiring IFSPs This will continue to be monitored with the use of internal file reviews. The cluster achieve this outcome as quickly as possible but no later than January 31, 2013</p>	

First Steps FFY 2010 Findings Table

Cluster A

January 2012

16. Timely completion of the six month review. [Compliance Indicator—100%] 470 IAC 3.1-9-1		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (109/109).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual Onsite review indicate a compliance level of 97% (38/39).</p> <p>The Cluster is now out of compliance.</p>	<p>Outcome: All 6 month reviews will be completed in a timely manner.</p> <p>The cluster will continue to meet 100% compliance by doing the following:</p> <ol style="list-style-type: none"> 1. Tracking tools will be used to show upcoming 6 month review dates. 2. Once 6 month review is completed notification of completion is sent to SC supervisor Supervisor for tracking. <p>The implementation of the quarterly authorization process will create a natural opportunity for the IFSP to be reviewed more frequently than 2 times per year. As a result the cluster will exceed the six month review requirement.</p> <p>This will be measured by reviewing the 6month meeting date spreadsheet listed above.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

17. 10 day prior written notice (Compliance Indicator - 100%) 470 IAC 3.1-13-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (403/403).</p> <p>The Cluster has met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-Site review indicate a compliance level of 99% (143/144).</p> <p>The Cluster is now out of compliance with this indicator</p>	<p>Outcome: All families are given 10 day written notice prior.</p> <p>The cluster will strive to maintain 100% compliance by continuing to do the following:</p> <ol style="list-style-type: none"> 1. 10 day notices are supplied in each intake packet, annual prep packet, change page packets, 6 month packet and transition packet. 2. Intake data entry reviews intake file to ensure 10 day notice is enclosed and completed when entering intake information. 3. IC Supervisor & IC are notified if 10 day notice is not present in file. 4. Random audits are conducted on submitted packets prior to data entry 5. Internal QA Coord. audits files routinely to ensure compliance and ensure the appropriate completion of the 10 day notice <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

18. Documentation of family income [Compliance Indicator – 100%] 470 IAC 3.1-10-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (187/188). The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-site indicate a compliance level of 99.5% (60/63). The Cluster remains out of compliance for this indicator.</p>	<p>Outcome: The cluster will maintain appropriate documentation of income in every file. The cluster will strive to achieve 100% compliance through the following:</p> <ol style="list-style-type: none"> 1. Families are notified when scheduling the initial intake appointment of needed income documentation. 2. Families that fail to provide accurate income documentation at intake are provided with written notification of required documentation by the Eligibility / IFSP meeting. 3. Families are notified in writing that failure to provide income documentation will result in a full fee co-pay plan. 4. IC & SC are provided with access to digital cameras to be used to document income. <p>The cluster conducts the following to ensure 100% compliance.</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review income documentation prior to generating the co-pay form. 2. Intake & ongoing data entry generate full fee form when insufficient documentation is submitted. <p>This will continue to be monitored with the use of internal file reviews.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	

First Steps FFY 2010 Findings Table
Cluster A
January 2012

19. Documentation of health care coverage, insurance, Medicaid, CSHCS, etc. [Compliance Indicator – 100%] 470 IAC 3.1-10-2.	Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (183/184). The Cluster did not meet the FFY 2010 target of 100%. Quarter 1 Quality Review findings from the Annual On-site review are 99.5% (58/63). Cluster remains out of compliance with this Indicator.</p>	<p>Outcome: The cluster will maintain appropriate documentation of health care coverage in every file. The cluster will strive to accomplish 100% compliance by the following:</p> <ol style="list-style-type: none"> 1. Families are notified when scheduling the initial intake appointment of needed health care documentation. 2. Families that fail to provide accurate health care documentation at intake are provided with written notification of required documentation by the Eligibility / IESP meeting. 3. IC & SC are provided with access to digital cameras to be used to document health care. <p>The cluster has begun to do the following to ensure 100% compliance.</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review health care documentation prior to data entry. <p>This will continue to be monitored with the use of internal file reviews.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>		

First Steps FFY 2010 Findings Table
Cluster A
January 2012

20. Timely data entry of Entrance and Exit Interview data. [Results Indicator – 70%] 470 IAC 3.1-3.3.5.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>IIDC reported completed entries for child and family outcome data.</p> <p>Child Assessments – 100%</p> <p>Family Assessments – 74%</p> <p>The Cluster met the FFY 2010 target of 100% for child outcomes and 70% for family outcomes.</p>	<p>Outcome: Cluster will ensure timely data entry of Entrance and Exit Interviews.</p> <p>The cluster will maintain 100% compliance by continuing the following:</p> <ol style="list-style-type: none"> 1. Submission of termination form within 30 days of a child's exit. 2. Upon receipt of the termination form the file clerk pulls the EI record which contains the family entrance interview and data enters the interview information. 3. IC Supervisor has designated time available to assist AA with any entry questions and to ensure timely completion of the entrance and exit interviews. <p>The cluster conducts the following to ensure 100% compliance:</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review of health care documentation prior to data entry. <p>This will be monitored through periodic internal reviews.</p>	

Appendix H - A sample CPP Progress Report

First Steps FFY 2010 Findings Table
Cluster A - June 2012

1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. [100% Compliance Indicator: 34 CFR §§303.340(c), 303.342(e) and 303.344(f)(1). 1]		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator 99% (289/292).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-Site Visit indicate a compliance level of 97% (99/102).</p> <p>The Cluster remains out of compliance with the target of 100%</p> <p>Quarter 2: Quality Review findings from the Internal File Review Pulls indicate a compliance level of 99% (38/39).</p> <p>The Cluster remains out of compliance with the target of 100%</p>	<p>Outcome: 100% of new IFSP services will start within 30 days.</p> <p>The Cluster will continue to strive to meet the target of 100% compliance by continuing to:</p> <ol style="list-style-type: none"> 1. Utilize the <i>State's Verification of Start of Service</i> form to track 30 day start dates from providers. 2. <i>Verification of Start of Service</i> form will continue to be placed in the SC's Change Page packet as well as the 6mo Review packet. 3. Utilize the cluster SC narrative notes to indicate services have started. 4. Continue to make the 30 day start form readily available to providers 5. Complete self-audits at Team meetings as well as QA audit pulls and SC monthly supervision <p>The new provider progress reports inclusion of the documented dates of service has been helpful in the verification of the start of service.</p> <p>The SPOE also uses the PAM system to verify the first date billed for a new service.</p> <p>The SPOE will work with provider agencies within the cluster to assure services are starting within 30 days from parent signature and to develop corrective action plans with agencies when problems are identified.</p> <p>Internal ongoing file reviews will track this information and document progress. Parent driven and system driven delays will be identified</p> <p>Data will be shared with the Oversight Committee</p>	<p>Data Samplings are representative of 2 files per Service Coordinator/Intake Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 88/89 or 99%</p> <p>Findings: 24/25 -96% of Initial IFSP's reviewed had all services started within 30 days of parent signature. **1 IFSP did not have doctor signature until 21 days after plan was written. Provider started services 19 days after dr. signature, which was past the 30 day indicator.</p> <p>32 of 32 – 100% of changes to an IFSP or 6 month review had all services start within 30 days of parent signature.</p> <p>32/32 – 100% of the Annual IFSP's had all services started within 30 days of parent signature. ** 1 Incomplete: 1 IFSP added Nutrition at annual – however, after writing the plan, the family declined the new service, therefore, not starting within 30 days.</p> <p>The cluster believes the new provider progress report has assisted in documenting the 30 day start date of service as it is indicated on the new report format.</p> <p>The SPOE will continue to host regular meetings with provider agency representatives within the cluster. Timely start of services will be discussed so that all issues can be addressed.</p> <p>Agencies will be notified by QA Coordinator of any provider specific issues identified.</p>

**First Steps FFY 2010 Findings Table
Cluster A - June 2012**

	The cluster achieve this outcome as quickly as possible but no later than January 31, 2013	Timely Start of Services Data will be shared with the Oversight Committee
<p>2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. [Results Indicator – Target for FFY11 is 96%] 34 CFR §§303.12, 303.18, and 303.34(d)(1)(ii).</p>		<p align="center">Cluster Progress</p>
<p>Status of Indicators</p> <p>The Cluster's FFY 2010 data for this indicator is 99% (2193/2211) as reported in the Cluster Profile. The Cluster's data reflects a high level of performance for this indicator.</p> <p>The Cluster met the FFY 2010 target of 96%.</p>	<p align="center">Cluster Improvement Plans</p> <p>Outcome: 96% of all services will be delivered in the Natural Environment.</p> <p>The cluster will continue to meet this requirement by the continuing the following activities:</p> <ol style="list-style-type: none"> 1. All onsite services written on a plan are reviewed with SC/IC Supervisors to ensure appropriate utilization of onsite services 2. All onsite services are written short term in order to review the barrier within the natural environment. <p>This data will be gathered during regular file reviews and reviewed appropriately.</p> <p>The cluster has met this requirement and will continue to monitor compliance with ongoing file reviews.</p>	<p>Cluster not required to report as target has been met.</p> <p>Data regarding the number of services provided outside of the natural environment will be gathered during regular file reviews and reviewed by the QA Coordinator and Supervisors to ensure we continue to meet the indicator.</p> <p>The cluster has met this requirement and will continue to monitor compliance with ongoing file reviews.</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

3. Percent of infants and toddlers with IFSPs who demonstrate improved: A) Positive social-emotional skills (including social relationships); B) Acquisition and use of knowledge and skills (including early language/ communication); and C) Use of appropriate behaviors to meet their needs. [Results Indicator: see table for targets]

Status of Indicators				Cluster Improvement Plans	Cluster Progress
The Cluster's reported progress data for this indicator are included in the table below. Data supplied by IMDC.				<p>Outcome: The cluster will achieve the targets indicated to demonstrate our efforts to meet state targets for positive child outcomes.</p> <p>The Cluster will strive to meet the targets indicated by;</p> <ol style="list-style-type: none"> 1. Working with Coordinators on the delivery as well as the explanation of the exit interview to ensure parents/guardians fully understand the questions being asked. 2. Working with Coordinators to ensure they are fully reviewing reports and outcomes with the team each quarter to determine if the most appropriate services are being provided. <p>Data provided by Michael Conn Powers will be shared with the oversight committee to identify any trends and possible strategies.</p>	<p>The cluster did show improvement in 5 out of the 6 targets for this indicator.</p> <p>The cluster plans to continue to implement our improvement plans listed. In addition the information will be made available to the Oversight Council as well as the Network Agency committee so that plans can be developed to educate providers about child/family outcomes and how their involvement affects these outcomes.</p>
FFY10 Infant and Toddler Outcome Progress Data	Social Emotional SS1=52% SS2=50%	Knowledge & Skills SS1=57% SS2=69%	Appropriate Behavior SS1=54% SS2=62%		
SS1: Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	50.2%	56.8%	55.9%		
SS2: The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	48.1%	59.3%	54.0%		
<p>Quarter 1: The cluster did not meet child outcome targets.</p> <p>Quarter 2: The cluster did not meet child outcome targets.</p>					

First Steps FFY 2010 Findings Table
Cluster A - June 2012

Cluster A - June 2012															
4. Percent of families participating in Part C who report that early intervention services have helped the family: A) Know their rights; B) Effectively communicate their children's needs; and C) Help their children develop and learn. [Results Indicator – see table for targets]															
Status of Indicators		Cluster Improvement Plans													
The Cluster's reported data from IMDC for this indicator are:		Outcome: The cluster will make progress toward meeting the indicated targets.													
<table><tr><td></td><td>July-Dec 2011 Data</td><td>FFY 2011 Target</td></tr><tr><td>A. Know their rights.</td><td>97%</td><td>99%</td></tr><tr><td>B. Effectively communicate their children's needs.</td><td>96%</td><td>98%</td></tr><tr><td>C. Help their children develop and learn.</td><td>95%</td><td>97%</td></tr></table>			July-Dec 2011 Data	FFY 2011 Target	A. Know their rights.	97%	99%	B. Effectively communicate their children's needs.	96%	98%	C. Help their children develop and learn.	95%	97%	Service Coordinators will be trained on the importance of communicating with families and sharing family's expectations with the IFSP team. Family rights will continue to be discussed and reviewed at each IFSP team meeting. LPCC and SPOE will work with the Network Agencies in identifying and assisting with provider trainings related to communicating with the family and sharing developmental information with families. Data provided by Michael Conn Powers will be shared with the oversight committee to identify any trends and possible strategies.	
	July-Dec 2011 Data	FFY 2011 Target													
A. Know their rights.	97%	99%													
B. Effectively communicate their children's needs.	96%	98%													
C. Help their children develop and learn.	95%	97%													
Quarter 1: The cluster has met targets for B and C, but did not meet target for A. Quarter 2: The cluster has not met targets															
5. Percent of infants and toddlers birth to 1 with IFSPs compared to: A: National data. [Results Indicator: State target is 1.40% based on 1 day count]		Cluster Progress													
Status of Indicators		Cluster Improvement Plans													
		Cluster Progress													

**First Steps FFY 2010 Findings Table
Cluster A - June 2012**

<p>The Cluster's FFY 2010 reported data for this indicator are 1.18% (123/10442) [based on one day child count in the Cluster Profile].</p> <p>The cluster did not meet the target of 1.4%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p> <p>Quarter 2: Report run for 6.1.12. Cluster report indicates there were 161 children under the age of one putting us at 1.5%. Therefore, the Cluster is now meeting the target for this indicator.</p>	<p>Outcome: The cluster will serve 1.4% of the 0-1 population based on the one day child count.</p> <p>The cluster will meet the 1.4% indicator by conducting the following activities:</p> <ol style="list-style-type: none"> 1. Continuing outreach to local NICU's and to the extent possible using NICU packets that were developed for families within local hospitals NICU's in the Northwest Indiana region as well as the Chicago land area. 2. Work with local agencies, dealing with this young demographic, on child find efforts. 3. Ensure that local doctor's offices are provided with referral information regarding FS. To the extent possible send physician packets including brochures, referral forms, EI order pads, growth charts and flyers. 4. Specifying one IC to work with children referred from the local NICU's in order to develop a strong knowledge base as well as strong relationships. <p>The cluster will look to its Oversight Committee to do the following:</p> <ol style="list-style-type: none"> 1. Review and analyze data provided on the SPOE reports, as well as any other necessary data collected on the average age at referral, referral sources, and children that would have been eligible under the old criteria but are not under the new, as well as any other pertinent data. <p>Review county specific data to identify areas of specific concern and concentrate efforts in these areas to improve referral for children under 1 year of age.</p>	<p>The cluster is happy to report that we are meeting the target for this indicator. We feel our outreach efforts to the under one population have assisted in reaching the 1.5%.</p> <p>We will continue to review and discuss referral data at the Oversight Council as well as other committees to ensure that we are targeting and engaging those agencies that can assist us in serving this population. We will continue to work with the Oversight Council to brainstorm new ideas to find and inform this population.</p> <p>We also remain consistent in our efforts to provide FS information to our local pediatrician offices. They remain our 2nd highest referral source and we believe they are a direct line to our youngest population.</p>
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First Steps FFY 2010 Findings Table
Cluster A - June 2012

6. Percent of infants and toddlers birth to 3 with IFSPs compared to: A. National data. [Results Indicator: State target is 3.0% based on 1 day count]

Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 3.17%% (979/30837) [based on one day child count].</p> <p>The cluster met the target of 3.0%.</p> <p>To report progress, the Cluster should run a one day child count for <u>6/1/12</u> and <u>9/1/12</u>.</p> <p>Quarter 2: Report run for 6.1.12. Cluster report indicates there were 1,098 children under 3 with IFSPs putting us at 3.6%. Therefore, the Cluster continues to meet this indicator.</p>	<p>Outcome: At least 3.00% of the one day child count for the 0-3 population of the cluster will be served.</p> <p>The cluster will continue to meet this indicator by continuing the following efforts:</p> <ol style="list-style-type: none"> 1. To the extent possible the cluster will provide referral information to local community agencies on an ongoing basis (such as but not limited to WIC, DCS, Healthy Families, LEA, physician offices, etc). 2. Work with local agencies to promote FS by providing in-service presentations to ensure knowledge of the program. 3. Work with Oversight committee members and agency representatives to share referral information throughout the community. 	<p>The cluster has continued to meet this indicator. We will again continue to utilize our Network agencies and community partners to ensure information about the FS program is readily available within our cluster.</p>

7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator – 100%] 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342 (a).

Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.9% (813/814).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings for July-Sept. 2011 indicate a compliance level of 99.6% (248/249)</p>	<p>Outcome: 100% of referred infants & toddlers found eligible will have an IFSP in place within 45 days.</p> <p>The cluster will strive to achieve 100% compliance by continuing to do the following:</p> <ol style="list-style-type: none"> 1. List the 45 day timeline date on each referral form given to the IC. 2. Schedule and give notice of the Eligibility / IFSP meeting while at the Intake appointment to ensure enough time to stay within 45 days. 3. IC Supervisor will be notified if an IC is 	<p>The cluster recorded 0 IFSPs exceeded the 45 day timeline. Therefore, achieving 100% compliance.</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

<p>The Cluster remains out of compliance for the indicator.</p> <p>Quarter 2: Quality Review findings for Jan-March 2012 indicate a compliance level of 100% (235/235).</p> <p>The Cluster is now in compliance for the indicator.</p>	<p>getting close to the 45 day timeline.</p> <p>Local SPOE reports showing this indicator will be submitted to the oversight committee on a quarterly basis.</p> <p>Progress will be monitored through internal progress reports.</p>	
<p>8. A. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; [Compliance Indicator – 100%] 34 CFR §§303.148(b)(4) and 303.344(h).</p>		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (222/222).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Quality Review findings from the Annual On-Site Review are 100% (105/105).</p> <p>The Cluster remains in compliance with this Indicator.</p> <p>Quarter 2: Quality Review findings from Internal File Pulls from Jan-March 2012 show 100% (57/57).</p> <p>The Cluster remains in compliance with this Indicator.</p>	<p>Outcome: All children exiting Part C will have a completed Transition Outcome page with steps and services within the IFSP 100% of the time.</p> <p>The cluster will continue to meet 100% compliance of this indicator by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Completion of Transition outcome and discussion of timelines in regards to the transition checklist. 2. Utilize peer file review at team meetings to assist in training and discussion of appropriate and well written transition outcomes. <p>This will continue to be monitored with the use of internal file reviews.</p>	<p>Data Samplings are representative of 2 files per Service Coordinator/Intake Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 57/57 or 100%</p> <p>Findings:</p> <p>25/25 -100% of Initial IFSPs reviewed had transition steps and services.</p> <p>32 of 32 – 100% of Annual IFSPs reviewed had transition steps and services.</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

<p>8. B. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; [Compliance Indicator] – 100%]34 CFR §303.148(b)(1).</p>		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (717/717).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1 Progress – The October LEA transfer of 18 month old children was 100% (111/111).</p> <p>The Cluster remains in compliance for the indicator.</p> <p>Quarter 2: the April LEA transfer of 18 month old children was 100%</p> <p>The Cluster remains in compliance for the indicator.</p>	<p>Outcome: LEA's will be notified of children potentially eligible for Part B services 100% of the time.</p> <p>The cluster will continue to meet 100% compliance by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Send out the 18 month referral data to the School system of legal settlement upon receipt from the State. 2. Service Coordinators will receive additional Transition training throughout the year. <p>El records will be reviewed by the Quality Assurance Coordinator and the service coordinators throughout the year.</p> <p>The cluster has met this outcome.</p>	<p>April 2012 LEA transfer of 18 month old children was transferred to all local school systems electronically.</p>
<p>8 C: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B. [Compliance Indicator – 100%] 34 CFR §303.148(b)(2)(i)(as modified by IDEA section 637(a)(9).</p>		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (323/323).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-site visit were 100% (42/42).</p> <p>The Cluster remains in compliance with</p>	<p>Outcome: Transition conferences will occur for children potentially eligible for Part B services 100% of the time.</p> <p>The cluster will continue to meet 100% compliance by continuing the following activities:</p> <ol style="list-style-type: none"> 1. Tracking tools will be used to show upcoming transition dates and timelines. 2. Track completed transition meeting to ensure 	<p>Data Samplings are representative of 2 files per Service Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 32/32 or 100 %</p> <p>Findings:</p> <p>32/32 -100% of Transition plans written were timely.</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

<p>this Indicator.</p> <p>Quarter 2: Quality Review findings from Internal File Pulls from Jan-March 2012 show 100% (32/32.)</p> <p>The Cluster remains in compliance with this Indicator.</p>	<p>they are taking place within the indicated timeline of 270 to 90 days.</p> <p>3. Completion and review of the IFSP transition checklist for timelines of upcoming dates.</p> <p>This will be measured by reviewing the Transition meeting date spreadsheet listed above.</p> <p>The cluster has met this outcome</p>	
<p>9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. [Compliance Indicator – 100%] 635(a)(10)(A) and 34 CFR §303.501.</p>	<p align="center">Cluster Improvement Plans</p> <p>Outcome: The cluster will maintain a general supervision system to address and correct any identified noncompliance.</p> <p>The cluster will correct all non-compliance ASAP, but in no case longer than January 31, 2013.</p> <ol style="list-style-type: none"> 1. The cluster has a committee in place to address and monitor newly identified compliance issues. 2. The cluster employs a Quality Assurance Coordinator and an LPCC Coordinator that facilitates the committee's work and manages identified compliance issues. 	<p align="center">Cluster Progress</p> <p>The cluster has remained out of compliance for Indicator 1.</p> <p>The cluster has achieved compliance for Indicators 7, 15, 16, 17, 18 & 19.</p>
<p>Indicators 10-14 are State Indicators</p>	<p>NA</p>	<p>NA</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

and not applicable to the Cluster		
15. IFSPs written prior to expiration [Compliance Indicator –100%] 470 IAC 3.1-9-1.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (34/34).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-site review are 97% (37/38).</p> <p>Cluster is now out of compliance with this Indicator.</p> <p>Quarter 2: Quality Review findings from the Internal File Pulls for Jan-March 2012 are 100% (32/32).</p> <p>Cluster is now in compliance with this Indicator.</p>	<p>Outcome: All annual IFSPs will be written prior to expiration for children meeting the State's eligibility criteria.</p> <p>The cluster will achieve 100% compliance through the following:</p> <ol style="list-style-type: none"> 1. Annual dates and timelines will continue to be monitored to ensure on-time completion 2. Tracking tools will be used to show upcoming expiring IFSPs <p>This will continue to be monitored with the use of internal file reviews.</p> <p>The cluster achieve this outcome as quickly as possible but no later than January 31, 2013</p>	<p>The cluster is happy to report that we are now in compliance with this indicator.</p> <p>We have continued to meet with the Coordinators individually on a monthly basis and worked with them to ensure they are monitoring their timelines and meetings.</p>
16. Timely completion of the six month review. [Compliance Indicator – 100%] 470 IAC 3.1-9-1.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 100% (109/109).</p> <p>The Cluster met the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual Onsite review indicate a compliance level of 97% (38/39).</p>	<p>Outcome: All 6 month reviews will be completed in a timely manner.</p> <p>The cluster will continue to meet 100% compliance by doing the following:</p> <ol style="list-style-type: none"> 1. Tracking tools will be used to show upcoming 6 month review dates. 2. Once 6 month review is completed 	<p>The cluster is happy to report that we are now in compliance with this indicator.</p> <p>We have continued to meet with the Coordinators individually on a monthly basis and worked with them to ensure they are monitoring their timelines and meetings</p>

**First Steps FFY 2010 Findings Table
Cluster A - June 2012**

<p>The Cluster is now out of compliance.</p> <p>Quarter 2: Quality Review findings from the Internal File Pulls for Jan-March 2012 are 100% (32/32).</p> <p>Cluster is now in compliance with this Indicator.</p>	<p>notification of completion is sent to SC supervisor Supervisor for tracking.</p> <p>The implementation of the quarterly authorization process will create a natural opportunity for the IFSP to be reviewed more frequently than 2 times per year. As a result the cluster will exceed the six month review requirement.</p> <p>This will be measured by reviewing the 6month meeting date spreadsheet listed above.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	
<p>17. 10 day prior written notice [Compliance Indicator – 100%] 470 IAC 3.1-13-2.</p>	<p align="center">Cluster Improvement Plans</p>	<p align="center">Cluster Progress</p>
<p>Status of Indicators</p> <p>The Cluster's FFY 2010 reported data for this indicator are 100% (403/403).</p> <p>The Cluster has met the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-Site review indicate a compliance level of 99% (143/144).</p> <p>The Cluster is now out of compliance with this indicator</p> <p>Quarter 2: Quality Review findings from the Internal File Pulls for Jan-March 2012 are 100% (89/89).</p> <p>Cluster is now in compliance with this Indicator.</p>	<p>Outcome: All families are given 10 day written notice prior.</p> <p>The cluster will strive to maintain 100% compliance by continuing to do the following:</p> <ol style="list-style-type: none"> 1. 10 day notices are supplied in each intake packet, annual prep packet, change page packets, 6 month packet and transition packet. 2. Intake data entry reviews intake file to ensure 10 day notice is enclosed and completed when entering intake information. 3. IC Supervisor & IC are notified if 10 day notice is not present in file. 4. Random audits are conducted on submitted packets prior to data entry 5. Internal QA Coord. audits files routinely to ensure compliance and ensure the appropriate completion of the 10 day notice <p>The cluster will achieve 100% compliance in this area</p>	<p>Data Samplings are representative of 2 files per Service Coordinator/Intake Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 89/89 or 100%</p> <p>Findings: 25/25 -100% of Initial IFSP's reviewed had a 10 day prior written notice.</p> <p>32 of 32 – 100% of Annual IFSP's reviewed had a 10 day prior written notice.</p> <p>32/32 – 100% of 6 Months reviewed had a 10 day prior written notice.</p> <p>The cluster is happy to report that we are now in compliance with this indicator. We expect to maintain compliance in this area as 10 day notification letters are provided in prepared packets for each type of meeting and are provided for each coordinator.</p>

First Steps FFY 2010 Findings Table
Cluster A - June 2012

		no later than January 31, 2013.	
18. Documentation of family income [Compliance Indicator – 100%] 470 IAC 3.1-10-2.			
Status of Indicators	Cluster Improvement Plans	Cluster Progress	
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (187/188).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-site indicate a compliance level of 99.5% (60/63).</p> <p>The Cluster remains out of compliance for this indicator.</p> <p>Quarter 2: Quality Review findings from the Internal File Pulls for Jan-March 2012 are 100% (57/57).</p> <p>Cluster is now in compliance with this Indicator.</p>	<p>Outcome: The cluster will maintain appropriate documentation of income in every file.</p> <p>The cluster will strive to achieve 100% compliance through the following:</p> <ol style="list-style-type: none"> 1. Families are notified when scheduling the initial intake appointment of needed income documentation. 2. Families that fail to provide accurate income documentation at intake are provided with written notification of required documentation by the Eligibility / IFSP meeting. 3. Families are notified in writing that failure to provide income documentation will result in a full fee co-pay plan. 4. IC & SC are provided with access to digital cameras to be used to document income. <p>The cluster conducts the following to ensure 100% compliance.</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review income documentation prior to generating the co-pay form. 2. Intake & ongoing data entry generate full fee form when insufficient documentation is submitted. <p>This will continue to be monitored with the use of internal file reviews.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	<p>Data Samplings are representative of 2 files per Service Coordinator/Intake Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 57/57 or 100%</p> <p>Findings: 25/25 -100% of Initial IFSP's reviewed had documentation of family income.</p> <p>32 of 32 – 100% of Annual IFSP's reviewed had documentation of family income.</p> <p>The cluster is happy to report that we are now in compliance with this indicator.</p>	

**First Steps FFY 2010 Findings Table
Cluster A - June 2012**

19. Documentation of health care coverage, insurance, Medicaid, CSHCS, etc. [Compliance Indicator – 100%] 470 IAC 3.1-10-2.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>The Cluster's FFY 2010 reported data for this indicator are 99.5% (183/184).</p> <p>The Cluster did not meet the FFY 2010 target of 100%.</p> <p>Quarter 1: Quality Review findings from the Annual On-site review are 99.5% (58/63).</p> <p>Cluster remains out of compliance with this Indicator.</p> <p>Quarter 2: Quality Review findings from the Internal File Pulls for Jan-March 2012 are 100% (57/57).</p> <p>Cluster is now in compliance with this Indicator.</p>	<p>Outcome: The cluster will maintain appropriate documentation of health care coverage in every file. The cluster will strive to accomplish 100% compliance by the following:</p> <ol style="list-style-type: none"> 1. Families are notified when scheduling the initial intake appointment of needed health care documentation. 2. Families that fail to provide accurate health care documentation at intake are provided with written notification of required documentation by the Eligibility / IFSP meeting. 3. IC & SC are provided with access to digital cameras to be used to document health care. <p>The cluster has begun to do the following to ensure 100% compliance.</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review health care documentation prior to data entry. <p>This will continue to be monitored with the use of internal file reviews.</p> <p>The cluster will achieve 100% compliance in this area no later than January 31, 2013.</p>	<p>Data Samplings are representative of 2 files per Service Coordinator/Intake Coordinator employed by the SPOE between January 1st and March 31st, 2012</p> <p>Data: 57/57 or 100%</p> <p>Findings: 25/25 -100% of Initial IFSP's reviewed had documentation of health care coverage, insurance, Medicaid, CSHCS, etc.</p> <p>32 of 32 – 100% of Annual IFSP's reviewed had documentation of health care coverage, insurance, Medicaid, CSHCS, etc.</p> <p>The cluster is happy to report that we are now in compliance with this indicator.</p>
20. Timely data entry of Entrance and Exit Interview data. [Results Indicator – 70%] 470 IAC 3.1-3-3.5.		
Status of Indicators	Cluster Improvement Plans	Cluster Progress
<p>IIDC reported completed entries for child and family outcome data.</p>	<p>Outcome: Cluster will ensure timely data entry of Entrance and Exit Interviews.</p>	<p>According to IIDC for the period of October 1 – February 28th 2012 the cluster achieved 100%</p>

**First Steps FFY 2010 Findings Table
Cluster A - June 2012**

<p>Child Assessments – 100% Family Assessments – 74% The Cluster met the FFY 2010 target of 100% for child outcomes and 70% for family outcomes. Quarter 2 - According to IIDC for the period of October 1 – February 28th 2012 the cluster achieved 100% compliance.</p>	<p>The cluster will maintain 100% compliance by continuing the following:</p> <ol style="list-style-type: none"> 1. Submission of termination form within 30 days of a child's exit. 2. Upon receipt of the termination form the file clerk pulls the EI record which contains the family entrance interview and data enters the interview information. 3. IC Supervisor has designated time available to assist AA with any entry questions and to ensure timely completion of the entrance and exit interviews. <p>The cluster conducts the following to ensure 100% compliance:</p> <ol style="list-style-type: none"> 1. Intake & ongoing data entry review of health care documentation prior to data entry. <p>This will be monitored through periodic internal reviews.</p>	<p>compliance.</p> <p>The cluster continues to achieve a high level of compliance for this indicator.</p>
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Appendix I - Sample letters of compliance and verification



"People
helping people
help
themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

July 12, 2011

Northwest Indiana First Steps
ATTN: Clara Mann
11045 Broadway Street, Suite F
Crown Point, IN 46307

Dear Clare,

The Bureau of Child Development Services is pleased to report that you have now reached 100% compliance for the following Monitoring Priorities and Indicators, as reflected in your Cluster Performance Plan Progress Report #2 (January through March, 2011):

Indicator #17 - 10 day prior written notice.

Cluster FFY 2009 reported data for this indicator was 99.6% (234/235). Your CPP Progress Report shows 100% compliance (133/133) with this indicator, as evidenced by internal early intervention record reviews. Compliance has conditionally been met, pending state verification of data.

Indicator #18 - Documentation of income.

Cluster Progress Report #1 reported data for this indicator was 98.5% (65/66). Your CPP Progress Report shows 100% compliance (61/61) with this indicator, as evidenced by internal early intervention record reviews. Compliance has conditionally been met, pending state verification of data.

The following indicator remains out of compliance:

Indicator #1 - Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner

Cluster FFY 2009 reported data for this indicator was 98.3% (291/296). Progress reported data for this indicator was 99% (94/95). Please note that you must report on individual child data for those not receiving services within 30 days.




This includes the child number and the actual day services were received or a statement that the child left EIS before services could be provided. This must be corrected as soon as possible, but no later than 1/24/11.

The state notes that you responded to the comments and suggestions offered in your findings table. Indicators #3 and #4 were revised with the correct data elements. The Cluster is required to review the data and strategies for indicator #5, as the Cluster's infant count is below target.

You should continue to report compliance on the following Indicators: 1, 7, 8A, 8C, and summarize compliance correction in Indicator 9 in your next report due 9/15/11. Please ensure that plans are continuously being updated to reflect new strategies that would result from either slippages or successes. Input from your cluster's data or quality committees should be included, along with your comprehensive plans.

The state appreciates the Cluster's efforts and looks forward to your next progress report. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathy Robinson". The signature is fluid and cursive, with the first name "Cathy" being more prominent than the last name "Robinson".

Cathy Robinson
First Steps Consultant
Bureau of Child Development Services
Office: 317-233-6094
Cathy.Robinson@fssa.IN.gov